



# **Utah Injury Prevention Strategic Plan 2004**

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## Introduction

Injury is the leading cause of death in the U.S. for residents ages 1-44; however, deaths due to injury represent only a small fraction of the emotional and financial burden associated with all forms of injury. Most injuries do not directly result in death, but often are associated with disability, loss of productivity, costs to the health care system, and strains on community and family support systems, in addition to the direct pain and/or grief experienced.

The financial costs of injury at the national level are more than \$224 billion (including direct medical care, rehabilitation, lost wages, and lost productivity) each year. The federal government pays out \$12.6 billion for injury-related medical costs and \$18.4 billion for death and disability benefits annually. Insurance companies and other private agencies expend more than \$161 billion.<sup>1</sup>

Injury is consistently one of the top 10 causes of death for all age groups in the nation and in Utah. The following table

Utah, with injury highlighted.<sup>2</sup> Note the high rates of injury and death for younger age groups. Utah has a predominantly younger population than that of other states, which leads to a higher rate of injury deaths.

## 10 Leading Causes of Death for Utah 1999-2002

	Age Groups											
Rank	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 299	Unintentional Injury 81	Unintentional Injury 51	Unintentional Injury 56	Unintentional Injury 252	Unintentional Injury 264	Unintentional Injury 314	Unintentional Injury 337	Malignant Neoplasms 841	Malignant Neoplasms 1,500	Heart Disease 9,758	Heart Disease 11,568
2	Short Gestation 118	Congenital Anomalies 28	Malignant Neoplasms 18	Suicide 15	Suicide 107	Suicide 133	Suicide 242	Malignant Neoplasms 319	Heart Disease 546	Heart Disease 914	Malignant Neoplasms 6,531	Malignant Neoplasms 9,441
3	SIDS 53	Malignant Neoplasms 21	Congenital Anomalies 6	Malignant Neoplasms 11	Malignant Neoplasms 27	Malignant Neoplasms 43	Malignant Neoplasms 123	Suicide 307	Unintentional Injury 285	Diabetes Mellitus 249	Cerebro-vascular 3,292	Cerebro-vascular 3,617
4	Maternal Pregnancy Comp. 50	Homicide 16	Benign Neoplasms 5	Congenital Anomalies 9	Congenital Anomalies 18	Homicide 35	Heart Disease 73	Heart Disease 222	Suicide 213	Chronic Low. Respiratory Disease 239	Chronic Low. Respiratory Disease 1,887	Unintentional Injury 2,672
5	Unintentional Injury 34	Septicemia 6	Heart Disease 3	Influenza & Pneumonia 4	Heart Disease 16	Congenital Anomalies 15	Homicide 54	Liver Disease 66	Liver Disease 124	Unintentional Injury 210	Diabetes Mellitus 1,567	Chronic Low. Respiratory Disease 2,211
6	Placenta Cord Membranes 31	Heart Disease 5	Homicide 3	Homicide 3	Homicide 16	Heart Disease 12	Diabetes Mellitus 22	Diabetes Mellitus 64	Diabetes Mellitus 109	Cerebro-vascular 175	Influenza & Pneumonia 1,457	Diabetes Mellitus 2,025
7	Circulatory System Disease 26	Perinatal Period 5	Influenza & Pneumonia 3	Diabetes Mellitus 2	Diabetes Mellitus 5	Diabetes Mellitus 6	Congenital Anomalies 17	HIV 42	Cerebro-vascular 90	Liver Disease 116	Alzheimer's Disease 1,179	Influenza & Pneumonia 1,614
8	Neonatal Hemorrhage 25	Influenza & Pneumonia 4	Suicide 3	Heart Disease 2	Cerebro-vascular 3	Cerebro-vascular 5	Cerebro-vascular 12	Homicide 38	Chronic Low. Respiratory Disease 60	Suicide 84	Unintentional Injury 787	Suicide 1,241
9	Intrauterine Hypoxia 20	Benign Neoplasms 3	Four Tied 1	Five Tied 1	Influenza & Pneumonia 3	Septicemia 5	Complicated Pregnancy 9	Cerebro-vascular 31	Viral Hepatitis 42	Influenza & Pneumonia 57	Nephritis 583	Alzheimer's Disease 1,204
10	Bacterial Sepsis 19	Cerebro-vascular 2	Four Tied 1	Five Tied 1	Two Tied 2	Two Tied 4	Influenza & Pneumonia 9	Influenza & Pneumonia 30	Influenza & Pneumonia 40	Benign Neoplasms 39	Parkinson's Disease 512	Nephritis 667

## **What is the Utah Injury Prevention Strategic Plan?**

The Utah Department of Health, Violence and Injury Prevention Program (VIPP) contracted with the Intermountain Injury Control Research Center (IICRC) at the University of Utah School of Medicine to conduct several expert panel meetings to devise a comprehensive strategic plan for injury and violence prevention for Utah.

In an effort to build state capacity in the areas of injury and violence prevention, the National Center for Injury Prevention and Control (NCIPC) requires states with current funding to develop a comprehensive strategic prevention plan. Utah is one of 26 states currently funded under the Core Injury Surveillance Program associated with the NCIPC. Eventually, each state's strategic plan will be used to determine funding eligibility by the NCIPC. A core injury program is a cooperative effort to develop or strengthen the capacity of state public health agencies to prevent or control injuries. These state programs possess some combination of the following features:

1. A state Injury Prevention Coordinator;
2. An up-to-date profile of injuries within the state from existing data sources;
3. An advisory structure to facilitate collaboration with public and private sector groups;
4. Relationships with organizations, agencies, and individuals interested or experienced in injury prevention or control;
5. A current plan for injury prevention and control based on the state's priorities.<sup>3</sup>

## **Unintentional Injury Addressed in the Utah Plan**

In the Utah Injury Prevention Strategic Plan, seven primary areas of focus are addressed. Three are specific to unintentional injury and four are specific to intentional injury and/or violence.

Unintentional injuries are inflicted without specific willful intent to cause harm, whether to oneself or others. Classifying an injury as unintentional does not suggest there are not many contributing factors that can be influenced to prevent or minimize the degree of injury. The areas specific to unintentional injury addressed in the Utah plan are:

- Pedestrian and Bicycle Safety
- Seatbelt Restraint Safety
- Child Restraint Safety

## **Intentional Injury and/or Violence Addressed in the Utah Plan**

Intentional injury within public health often refers to willful violence, whether to another or oneself. Violence is not just a physical act. Psychological violence can do as much or greater harm to others. In addition, many categories of violence are not mutually exclusive. For example, the term "domestic violence" can refer to sexual violence, intimate partner violence, and/or child maltreatment occurring within a home.

The focus areas for intentional or violent injury addressed in the Utah Injury Prevention Strategic Plan includes:

- Sexual Violence
- Intimate Partner Violence
- Suicide
- Child Maltreatment

There are numerous additional types of injury not addressed in this plan, such as falls (especially among the elderly), fire-related injuries and deaths, poisonings, drowning-related injuries and deaths, firearm-related injuries and deaths, and workplace injuries. This plan is intended as a framework for a comprehensive state injury prevention plan and could include additional injury focus areas in the future.

It is also recognized that many characteristics of injury, both intentional and unintentional, are related. Drug and alcohol abuse affect all areas of injury discussed in this plan. Research presented later in this plan suggests an association between adverse childhood experiences and adult-related health behaviors, including injury. This plan also attempts to address other underlying characteristics of injury that may also affect health-related behaviors.

### **The Public Health Approach to Injury Prevention**

There are four main steps to injury and violence prevention reported by the Centers for Disease Control and Prevention (CDC) that have been adopted by Utah. As one reads through the background information and action items associated with each of the focus areas, these four steps can be found. The

public health approach to effective injury prevention efforts, as described by the CDC, includes the following:

1. The first step is *defining the problem*. Data are gathered and analyzed regularly to help assess special needs and prioritize resources for specific targeted populations. Utah has numerous surveillance systems already in place to help define problems related to injury and to aid in tracking the impact of interventions addressing injury.

2. The second step is *identifying risk and protective factors associated with injury type*. Some factors place people at higher risk for injury and some factors help protect people from a particular injury. Knowing the risks and protective factors allows the injury problem to be addressed from two complementary approaches.

3. Third is putting the knowledge gathered from the first two steps into action by *developing and testing prevention strategies*. Not only must programs be effectively implemented, they must also be evaluated and/or tested for efficacy. Programs should be evaluated to demonstrate if and how they are working and to assess any potential negative outcomes from the programs or interventions. Programs should also be evaluated as they are implemented. Often there are important clues discovered when implementing a program that can be manipulated to enhance the impact of positive outcomes. There have been many well-intentioned programs in the past that have demonstrated little effect or even produced negative consequences.



4. The final step in effective injury prevention efforts is *assuring widespread adoption*. Valuable lessons learned from implementing successful injury prevention programs are not effective if they are not evaluated. Evaluation provides information for others to adopt effective or successful efforts. Proper support of a program, such as financial and resource support, can translate into buy-in from vested parties, including members of the general community and the community as a whole. Without a solid foundation of needed support, well-designed and evaluated programs can fall short.<sup>1</sup>

### **Organization of the Utah Injury Prevention Strategic Plan**

The plan is divided into seven primary injury focus areas, including: pedestrian and bicycle safety; seatbelt restraint safety; child restraint safety; sexual violence; intimate partner violence; suicide, and; child maltreatment. In addition, there are three subsections within each focus area. These subsections include:

1. Background Information and Current Data: This subsection provides background information and current data

regarding the focus area. Data are included to support prevention and/or intervention initiatives.

2. Action Items: This subsection lists specific action items and agencies associated with the particular action item. Note that agencies may be listed more than once as many agencies address a variety of interventions and activities.

3. Resource List: In this subsection, the reader can learn more about a particular agency that addresses an action item. Again, agencies are often listed more than once, as they may be involved in more than one of the injury focus areas.

Finally, Appendix A lists available state and national data surveillance systems.

### **Conclusion**

Potential uses for this plan may be numerous and varied. It is hoped that this plan will serve as a tool to build social capital and resources to support intentional and unintentional injury prevention and control efforts in order to minimize morbidity and mortality in Utah communities.

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## Bicycle and Pedestrian Safety



### Background Information and Current Data

According to the National Highway Traffic Safety Administration (NHTSA), the first automobile crash in the United States was a bicycle-automobile crash in New York City in 1896.

Walking and bicycling are excellent forms of transportation and exercise. Everyone should be able to walk or bicycle to school, work, the bus stop, or simply to explore a neighborhood. There are many barriers to safe walking and bicycling, such as motor vehicles and weather conditions.<sup>1</sup> However, by making conditions safer for bicycling and walking, the quality of life for Utah residents will improve. Making conditions safer can be achieved through education, environmental improvements, and enforcement of laws.

### Healthy Communities

Numerous foundations and agencies are actively engaged in providing safer and supportive environments for bicyclists and pedestrians. Recent public health research has documented community environments, developments, and designs that reduce bicyclist and pedestrian injury morbidity and mortality. One study suggested that for every 1% increase in community density there is a 1.4% to 3.5% decrease in pedestrian fatalities and an increase in the all-mode traffic fatality rate (1.5%).<sup>2</sup> In U.S. cities, pedestrians are reported to be 23 times more likely to be killed than occupants in a car, and bicyclists are 12 times more likely than occupants in a car to be killed per kilometer traveled.<sup>3</sup>

Another recent article studied fatality rates for bicyclists and pedestrians in the United States compared to two other European countries. The study reported significantly higher mortality rates for bicyclists and pedestrians in the U.S.<sup>3</sup>

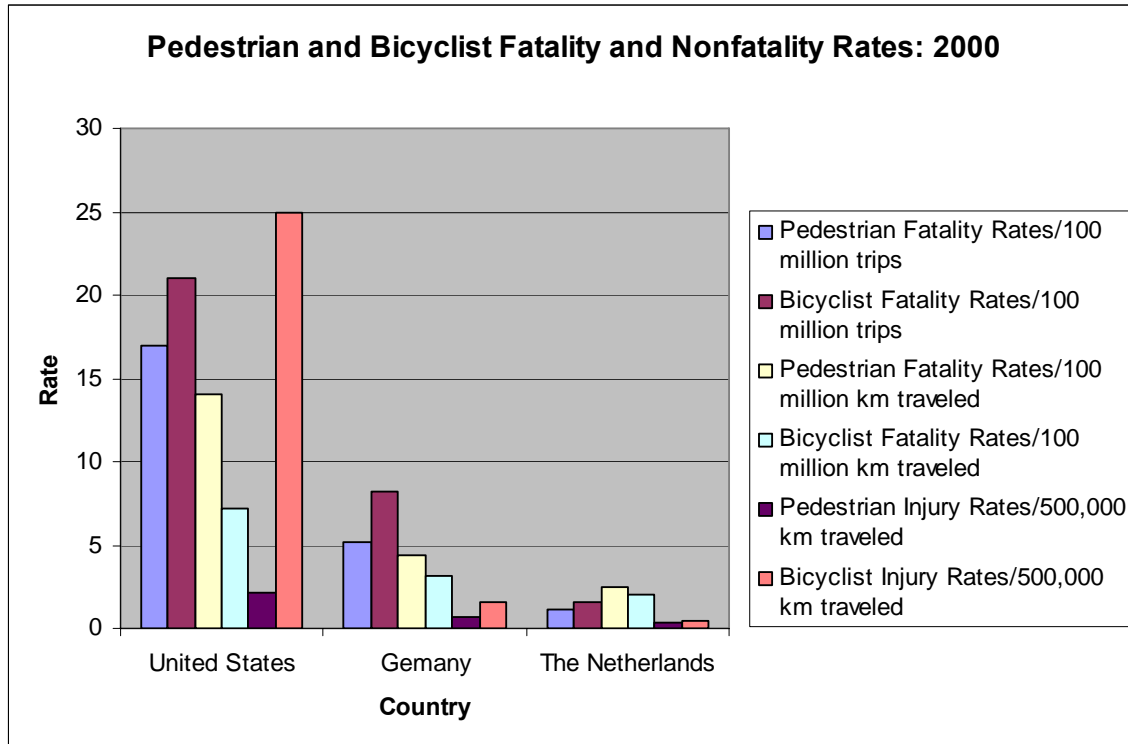
Both the Dutch and Germans created a coordinated network (not fragmented as often found in the United States) of bicycle paths connecting rural and urban areas.<sup>3</sup> Urban designs were oriented for people rather than motor vehicles. These included sidewalks, bicycle paths, parking lots placed behind buildings, and pedestrian/bicycle-friendly crossings to barriers such as rivers, highways, and railroads.

Figure 1 demonstrates the varying injury risks among bicyclists and pedestrians in the U. S. compared to Germany and The Netherlands (Holland).<sup>3</sup> Notably, better facilities and environmental designs that

improve access to walking or bicycling have proven effective in reducing injuries among urban European communities. From 1978 to 1996, the Dutch more than doubled an existing network of bicycle paths, and the

Germans tripled their network from 1976 to 1995. Both countries have also implemented “bicycle streets” that permit cars but give bicyclists sole right- of-way.

**Figure 1.**



As a result, Germany witnessed a 64% reduction in bicyclist fatalities despite a reported 50% growth in trips made by bicyclists between 1975 and 2000. In the same time period, the United States demonstrated a 27% decline in bicycle fatalities. A reduction in the number of children bicycling attributed to the U.S. decline.<sup>4</sup>

In the U.S., organizations are working to address bicyclist and pedestrian safety on a community level. Resources such as the Active Community Program, developed by the Centers for Disease

Control and Prevention (CDC) and the Robert Wood Johnson Foundation, help promote safer environments for bicyclists and pedestrians.<sup>5-7</sup> Locally, other organizations are also working to create communities that support a safer environment for bicyclists and pedestrians.

### **Interventions Used to Promote Safety**

As demonstrated in Figure 1, other countries have implemented effective interventions to protect pedestrians and

bicyclists. One major study assessed various environmental interventions and their impact on pedestrian safety. The primary interventions assessed were: speed control of motor vehicles; separation of pedestrians and automobiles, and; actions that increase the visibility of pedestrians. This study found that reducing vehicle speeds appeared to offer the greatest potential for injury prevention. Speed control of motor vehicles may include interventions such as roundabouts, lane narrowing, speed humps and changes in roadway curvature.<sup>8</sup> The use of temporary dead-ends to slow motor vehicles is another measure that has demonstrated a reduction in injury.<sup>3</sup>

The separation of pedestrians and motor vehicles is effective in protecting pedestrians from injury. Interventions that have shown success include: sidewalks; trees separating streets from sidewalks; curb extensions; refuge islands; traffic signals that stop all traffic and allow pedestrians to cross the intersection; pavement markings; pedestrian overpasses and underpasses, and; physical barriers.<sup>8</sup>

Interventions to increase the visibility or awareness of pedestrians have also proven to be effective in protecting pedestrians. Among those shown to increase visibility are: increasing lighting (especially around intersections); implementing diagonal parking, and; relocating bus stops to areas away from intersections.

Crosswalks are also important for pedestrians. Crosswalk pavement markings alone do not increase pedestrian visibility.<sup>8</sup> Strategies to make crosswalks safer are: painted crosswalks; reducing the number of

lanes to cross; shortening crossing distance, and; slowing traffic. Motor vehicle drivers should be educated to give special attention to avoid pedestrian and bicyclist situations that could lead to crashes. Most state laws require drivers to give right-of-way to pedestrians and bicyclists even if the pedestrians or bicyclists are not following traffic regulations.

## **Healthy People 2010 Objectives**

The Healthy People 2010 objectives promote aggressive reductions in pedestrian and bicycle injuries and fatalities. Table 1 compares Healthy People 2010 objectives with injury and fatality rates in Utah for the year 1998.<sup>9</sup> Concerted efforts by states and private organizations will be needed to meet these goals.

## **Utah Pedestrian Statistics**

In the year 2000, there were 37 recorded pedestrian deaths in Utah. Using the national pedestrian injury rate, it is estimated that Utah residents experienced an additional 1,450 nonfatal injuries that year.<sup>10</sup> These figures demonstrate that recorded deaths are just the tip of the iceberg when considering the impact of injuries on the population at large.

Over the past two decades, Utah (along with the rest of the nation) has experienced a reduction in pedestrian-related deaths.<sup>11</sup> There is some debate over whether this reduction is due to interventions or declines in walking over this time period (see Figure 2).<sup>10</sup> Despite the decline, Utah deaths among those aged 1-18 years surpass national deaths for children of similar age (see Figure 3).<sup>10</sup>

**Table 1.**

Healthy People 2010 Topic	Utah in 1998	2010 Goal
Pedestrian Deaths on Public Roads	1.9*	1.0*
Bicycle Helmet Laws for those <15 Years	No current law	Have law in place
Nonfatal Pedestrian Injuries	26	19
Nonfatal Head Injury Hospitalizations	60.6	45

*\*Rates reported per 100,000*

### Utah Bicycle Statistics

In the year 2000, there were six recorded bicyclist deaths in Utah. Using national figures for bicyclist injuries, it is estimated that approximately 5,226 Utah bicyclists experienced nonfatal crash injuries in 2000.<sup>10</sup>

### Trends in Bicyclist Deaths

There has been a less dramatic decline in the overall rate of bicyclist deaths

compared to pedestrian deaths over the past two decades (see Figure 4).<sup>10</sup> Again, some studies suggest that the mild decline in bicyclist deaths is due less to interventional efforts than to a decrease in the use of bicycles, especially among children.<sup>3</sup> In addition, Utah was ranked tenth in the nation for the years 1993-2003 for motor vehicle and bicycle collision fatalities (see Table 2).<sup>12</sup>

**Figure 2.**

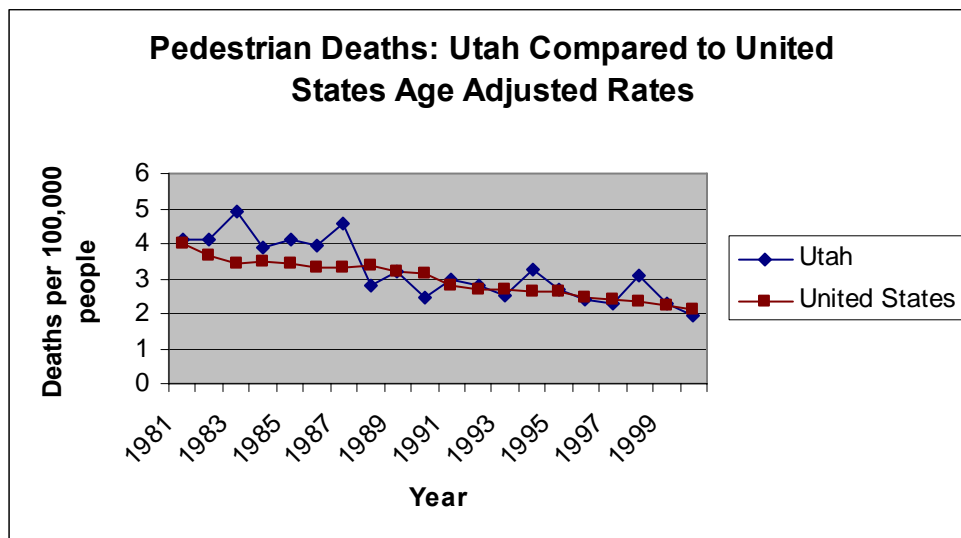


Figure 3.

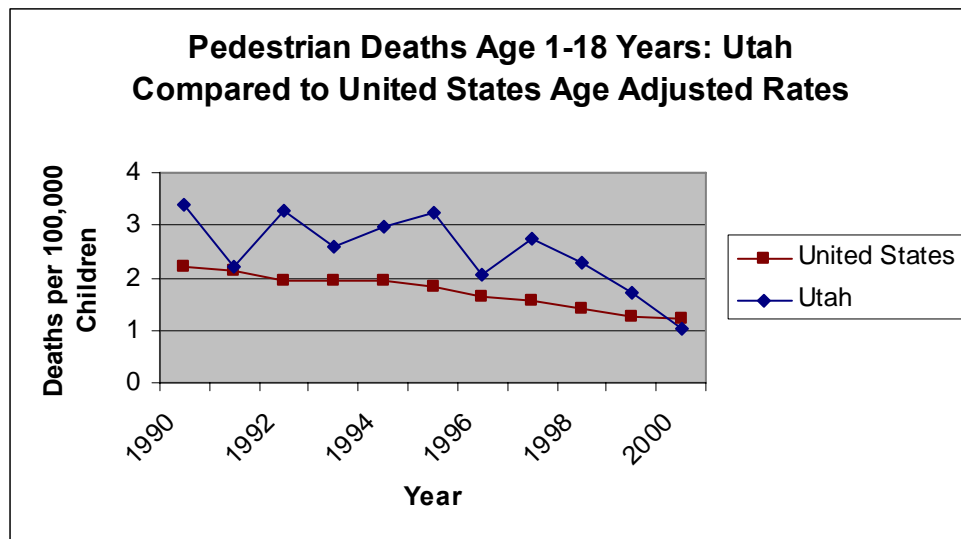


Figure 4.

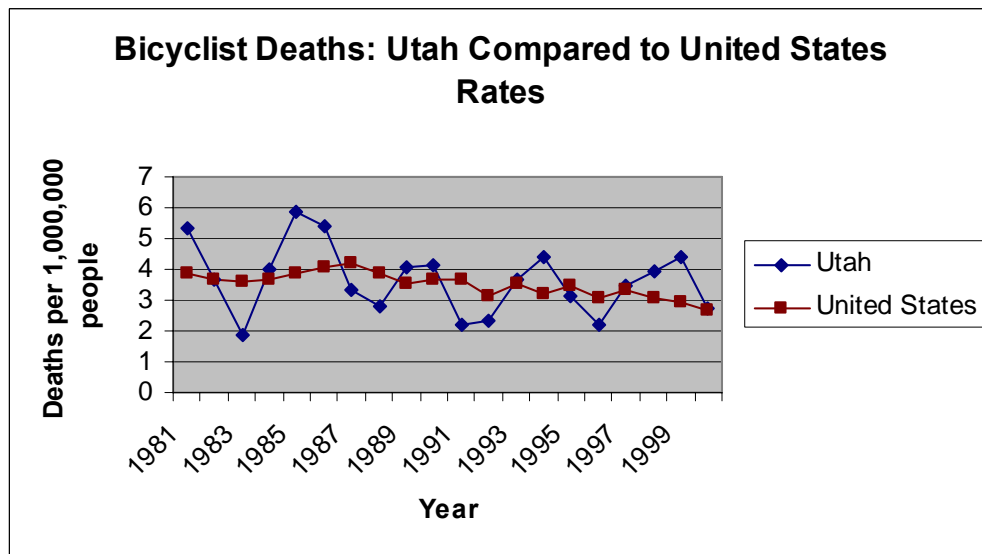
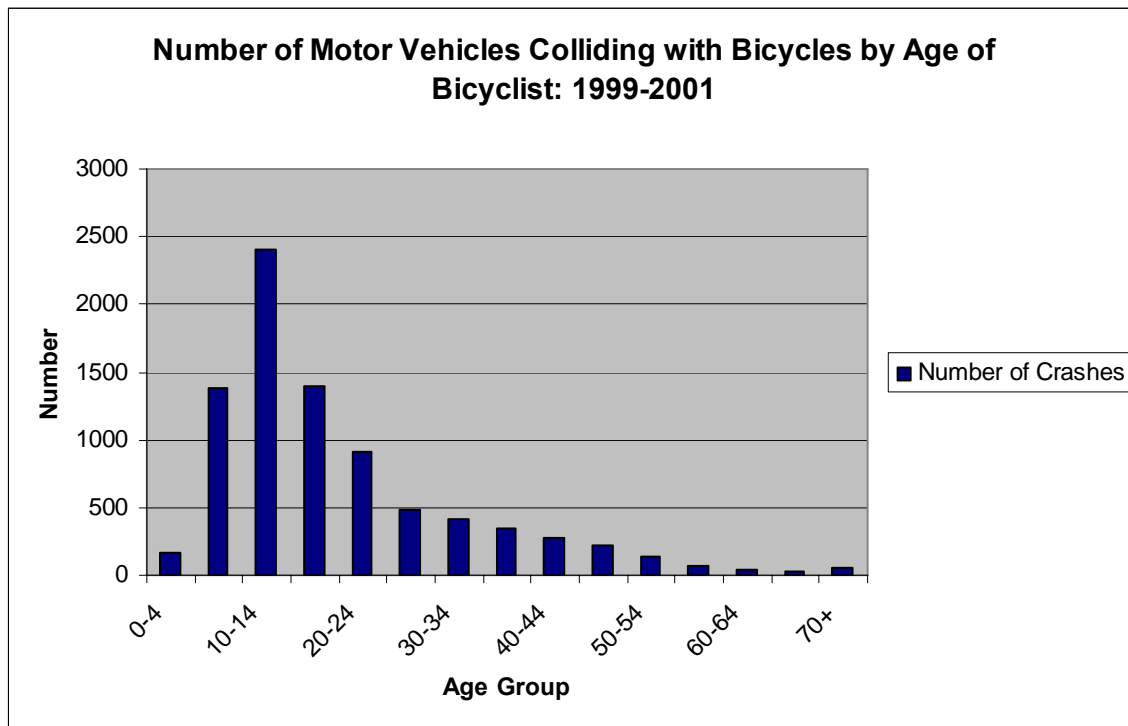


Table 2.

Top Ten States for Motor Vehicle and Bicycle Collision Fatalities per 1,000,000: 1993-2002		
Rank	State	Rate
1	Florida	7.82
2	Arizona	5.52
3	Louisiana	5.48
4	South Carolina	4.58
5	Alaska	4.20
6	North Carolina	3.98
7	Nevada	3.69
8	Delaware	3.56
9	California	3.55
10	Utah	3.46

Further, the graph below illustrates the number of bicycle and motor vehicle collisions from 1992-2001 in Utah (see Figure 5).<sup>13</sup>

**Figure 5.**



## Other Factors to Consider

A common assumption is that most bicycle and pedestrian injuries involve motor vehicles. One study commissioned by the U.S. Department of Transportation refutes this. Injuries seen in emergency departments over a one-year period in three states were assessed. The study reported that more than 70% of bicyclist injuries and 64% of pedestrian injuries seen in emergency departments did not involve a motor vehicle. The findings of the study suggest that bicyclist and pedestrian injuries associated with motor vehicles capture fewer than one-third of all bicyclist and pedestrian injuries.<sup>1</sup> While non-motor vehicle-related injuries to pedestrians and bicyclists are a leading

cause of emergency department visits, they are not a leading cause of hospitalization or death. Much remains to be studied regarding pedestrian and bicycle injuries and deaths.

## Bicycle Helmet Use

One of the Healthy People 2010 objectives is to require youth less than 15 years of age to wear a helmet when riding a bicycle. Using the Utah Trauma Registry data for the year 2001, Figure 6 illustrates those who wore helmet protection suffered less severe injuries in crashes.

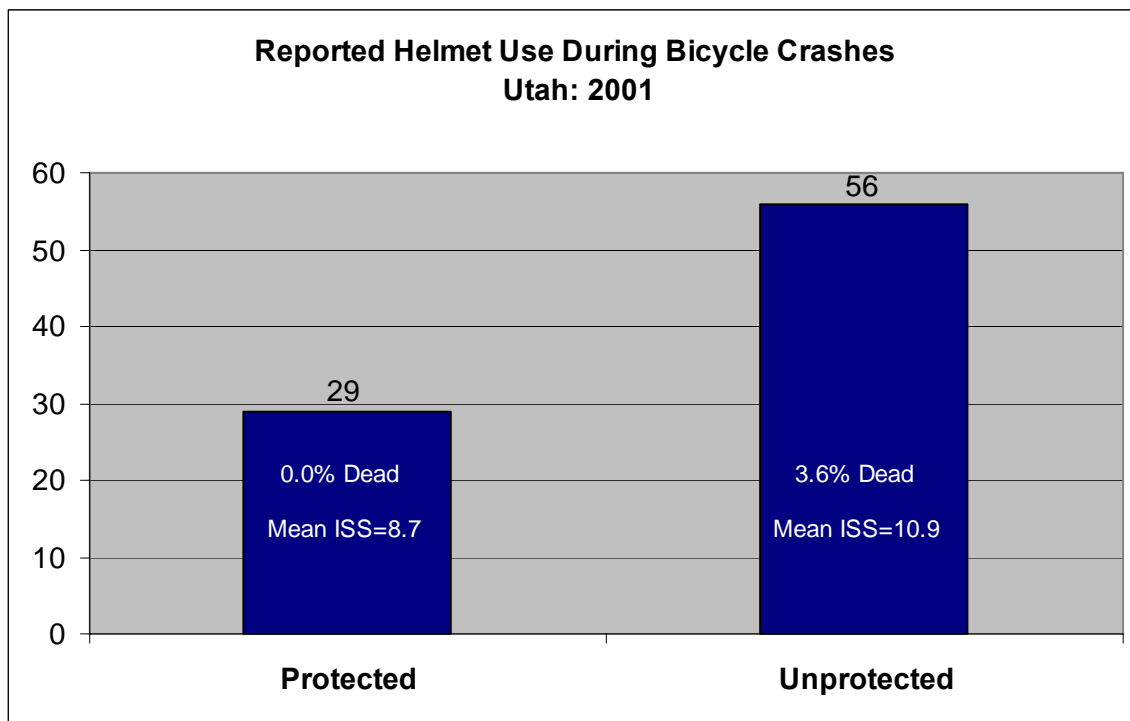
The number of bicycle crashes reported to the 2001 Utah State Trauma Registry is 154; however, 69 reports did not include information regarding helmet

use. Fewer than 30% of injured bicyclists wore a helmet. No deaths were reported among those wearing a helmet.<sup>14</sup>

Figure 7 illustrates overall use of bicycle helmets reported in a Behavioral Risk Factor Surveillance System (BRFSS) survey.<sup>15</sup> The BRFSS, the world's largest telephone survey, tracks health

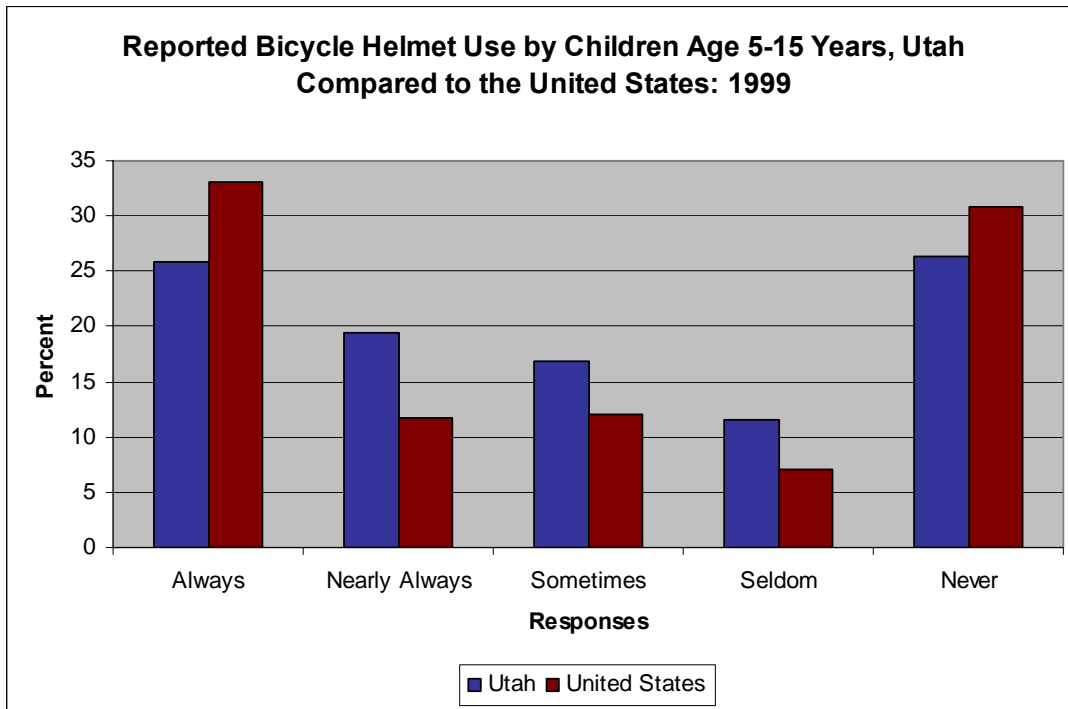
risks in the United States and individual states.<sup>16</sup> These data suggest that a significant number of children do not regularly use helmets when bicycling. As with any telephone survey, there are differences between reporting the wearing of a helmet versus the action of wearing a helmet.

**Figure 6.**





**Figure 7.**



The Utah Department of Health, Violence and Injury Prevention Program conducts an annual study of helmet usage based on observations of bicyclists made at and near schools and includes recorded helmet usage and estimated

ages. Figure 8 illustrates observed rates to be lowest among secondary students and highest among adults, although improvement is needed in all age groups.<sup>17</sup>

**Figure 8.**

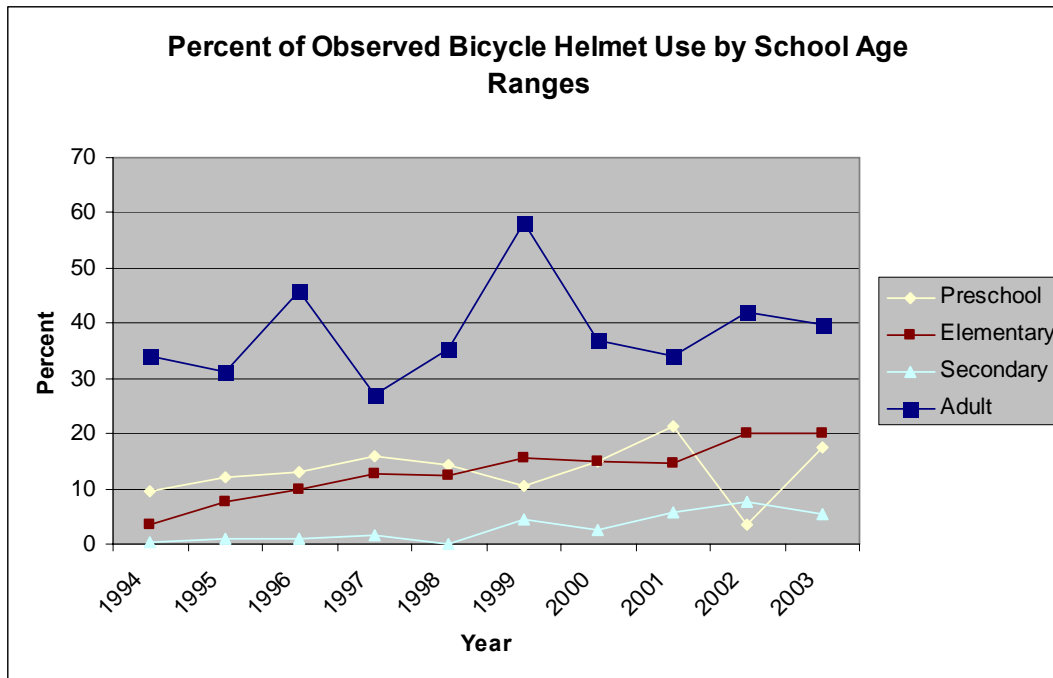
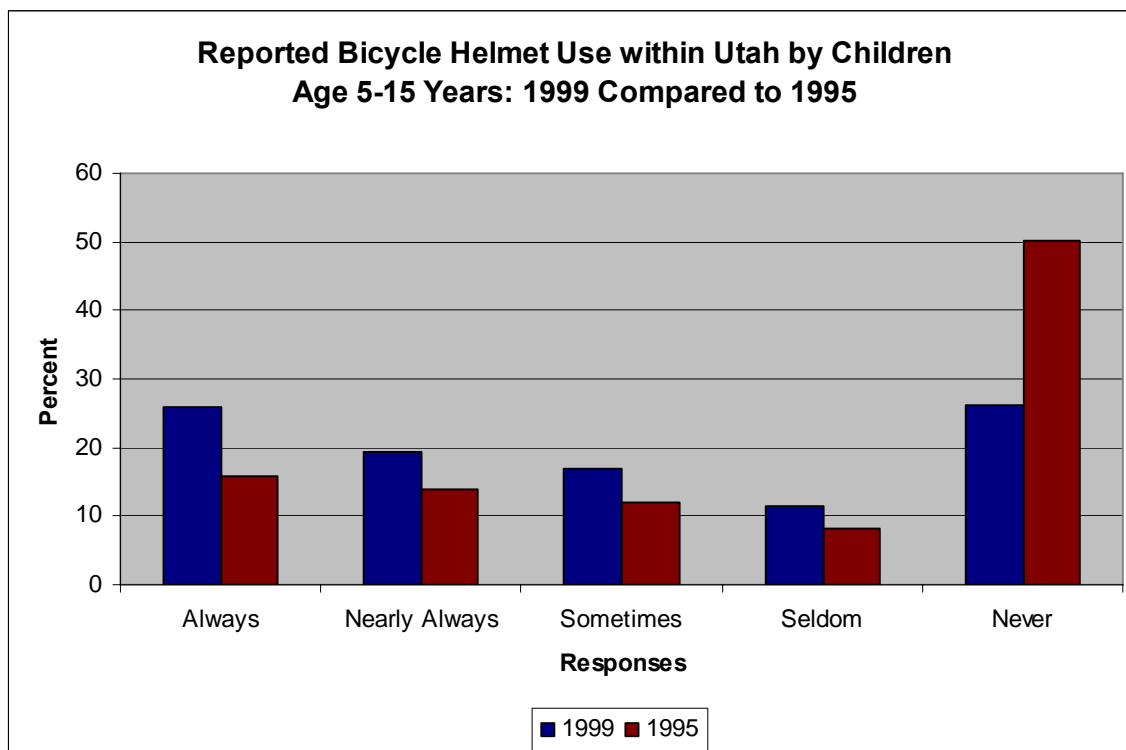


Figure 9 compares 1999 rates of helmet use in Utah to use during 1995 when the same helmet use question was asked in the BRFSS survey.<sup>15</sup> The graph

demonstrates that overall helmet use has increased, but there remain a significant percentage of children consistently not wearing helmets.

**Figure 9.**



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## **The Need for a Helmet Law**

Helmet laws for motorcyclists have proven effective at reducing injuries, including the frequency of traumatic brain injury, lower mortality, and lower hospital costs.<sup>18-20</sup> Studies associating children's helmet use and helmet laws for bicyclists demonstrate an increase in helmet use, a decrease in injury, and an increase in cost savings with implementation of a helmet law.<sup>21, 22</sup> The preceding studies provide strong support for laws requiring helmet use for children younger than 15 years.

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# Bicycle and Pedestrian Safety Action Steps

The following action items describe bicycle and pedestrian activities underway in Utah. Listed within parentheses are federal, state, and local agencies that are in some manner addressing the specific action item.

## Objectives:

1. Reduce pedestrian deaths on public roads caused by motor vehicles to 1 per 100,000 population by 2010.
2. Reduce nonfatal pedestrian injuries on public roads caused by motor vehicles to 19 per 100,000 population by 2010.
3. Reduce nonfatal bicyclist injuries on public roads caused by motor vehicles to 19 per 100,000 population by 2010.
4. Increase bicycle helmet use among bicyclists to 50% by 2010.
5. Implement a state law requiring bicycle helmets for bicycle riders under age 15 years by 2010.

## Action Steps:

### 1. Promote pedestrian and bicycle safety

- a. *Educate pedestrians and bicyclists on safety*  
(Brain Injury Association of Utah; Cycling Utah; Department of Public Safety; Federal Highway Administration; League of American Cyclists; National Highway Traffic Safety Administration; Pedestrian and Bicycle Information Center; Primary Children's Medical Center; Risk Watch; Salt Lake City Division of Transportation; Safe Kids Utah; State and Local Health Departments; Utah Cycling Association; Utah Parent Teacher Association; Violence and Injury Prevention Program)
- b. *Educate drivers to avoid collisions with bicyclists and pedestrians*  
(Division of Motor Vehicles; Federal Highway Administration; National Highway Traffic Safety Administration; Salt Lake City Critical Mass; Salt Lake City Division of Transportation; Salt Lake City Mayor's Bicycle Advisory Committee; State and Local Health Departments)
- c. *Advocate local, regional, and state government, including Safe Communities, to support efforts that promote bicyclist and pedestrian safety*  
(Department of Public Safety; League of American Cyclists; Primary Children's Medical Center; Salt Lake City Critical Mass; Salt Lake City Mayor's Bicycle Advisory Committee; State and Local Health Departments; Utah Parent Teacher Association; Violence and Injury Prevention Program)
- d. *Educate local law enforcement on the need for enforcement of traffic laws that help to ensure safety of bicyclists and pedestrians*  
(Department of Public Safety; Division of Motor Vehicles; National Highway Traffic Safety Administration; Salt Lake City Critical Mass; Salt Lake City Division of Transportation; Salt Lake City Mayor's Bicycle Advisory Committee; Utah Department of Transportation)

- 2. Increase helmet use and proper fit among bicyclists**
  - a. *Advocate for state legislation mandating helmet use for children ages 15 and under when riding a bicycle*  
(Primary Children's Medical Center; Safe Kids Utah)
  - b. *Increase proper helmet usage for all ages when using a bicycle*  
(Brain Injury Association of Utah; Cycling Utah; League of American Cyclists; Primary Children's Medical Center; Risk Watch; Safe Kids Utah; State and Local Health Departments; Violence and Injury Prevention Program)
- 3. Reduce the overall burden of injury resulting from bicyclist and pedestrian incidents**  
(Brain Injury Association of Utah; Cycle for Life; Department of Public Safety; Federal Highway Administration; Primary Children's Medical Center; State and Local Health Departments; Violence and Injury Prevention Program)
- 4. Manage community growth and development to promote increased safety for bicyclists and pedestrians**
  - a. *Advocate for increased use of walking and bicycling as a safe alternative mode of transportation*  
(Department of Public Safety; Envision Utah; Federal Highway Administration; League of American Cyclists; Salt Lake City Division of Transportation; Salt Lake City Mayor's Bicycle Advisory Committee)
  - b. *Increase mass transit for pedestrians and bicyclists*  
(Envision Utah; League of American Cyclists; National Highway Traffic Safety Administration; Salt Lake City Division of Transportation; Salt Lake City Mayor's Bicycle Advisory Committee; Utah Department of Transportation; Utah Transit Authority)
  - c. *Design environments to be supportive of bicyclists and pedestrians*  
(Envision Utah; Federal Highway Administration; League of American Cyclists; National Highway Traffic Safety Administration; Salt Lake City Division of Transportation; Salt Lake City Mayor's Bicycle Advisory Committee; Utah Department of Transportation; Utah Transit Authority)
  - d. *Design urban environments oriented for pedestrians and less so for vehicles*  
(Envision Utah; League of American Cyclists; Salt Lake City Division of Transportation; Salt Lake City Mayor's Bicycle Advisory Committee; Utah Department of Transportation; Utah Transit Authority)
- 5. Support and improve surveillance systems needed to collect both mortality and morbidity data that include non-motor vehicle pedestrian and bicyclist incidents**  
(National Highway Traffic Safety Administration; Violence and Injury Prevention Program)

6. **Increase support networks and social activism for bicyclists and pedestrians**
  - a. *Increase social activism of bicyclists and pedestrians within their communities*  
(Cycling Utah; League of American Cyclists; Pedestrian and Bicycle Information Center; Salt Lake City Critical Mass; Salt Lake City Division of Transportation; Salt Lake City Mayor's Bicycle Advisory Committee; Utah Cycling Association; Utah Department of Transportation; Wasatch Women's Cycling Club)
  - b. *Increase participation and outreach of local bicycling organizations and their promotion of safety*  
(Cycling Utah; League of American Cyclists; Ogden One Cycling Club; Primary Children's Medical Center; Salt Lake City Critical Mass; Salt Lake City Mayor's Bicycle Advisory Committee; Safe Kids Utah; Utah Cycling Association)
7. **Future Objective**
  - a. *Advocate helmet use for in-line skates, skateboards, scooters, and other modes of travel*  
(Primary Children's Medical Center; Safe Kids Utah; Wasatch Women's Cycling Club)

## Resource List

### **Brain Injury Association of Utah**

Distribute brochures and newsletters; educate community about brain injuries and prevention.

1800 S West Temple, Suite 203

Salt Lake City, UT 84115

Phone: (801) 484-2240

<http://www.biau.org/>

### **Cycle for Life**

Raise funds to cover medical bills for cyclists hit by impaired drivers; increase social network of safe cycling; increase awareness of cycling safety.

Phone: (801) 556-3290

<http://www.cycleforlife.org/pages/1/index.htm>

### **Cycling Utah**

Provide information on local rides and community news; act as a network for other cyclists to gather and share information; create and distribute newsletters across Utah and surrounding areas; social support and network for cyclists.

P.O. Box 57980

Murray, UT 84157

Phone: (801) 268-2652

[www.cyclingutah.com](http://www.cyclingutah.com)

**Department of Public Safety, Utah Highway Safety Office**

Establish and fund Safe Community Programs; fund overtime shifts for law enforcement for the enforcement of traffic safety laws; support the collection and publishing of traffic records; act as a resource for information on all traffic safety issues by developing and providing an array of educational materials. Offer a limited number of mini-grants to local health departments, law enforcement agencies, and various other organizations to aid them in reducing traffic-related deaths and injuries. Pedestrian and bicycle programs include: It's Up to You to Cross Alive, Parent Parking Patrol, Operation Safe Passage, Walk to School Day, and Green Ribbon Month.

*5263 South Commerce Drive, Suite 202*

*Murray, UT 84107*

*Phone: (801) 293-2480*

<http://www.publicsafety.utah.gov/>

**Division of Motor Vehicles**

Provide education on pedestrian laws; licensing safe drivers; reporting of medical conditions that could affect driving skill.

*380 West 2880 South*

*Salt Lake City, UT 84115*

*Phone: (801) 297-7780*

*1-800-DMV-UTAH*

<http://dmv.utah.gov/>

**Envision Utah**

Envision Utah is a partnership of citizens, business leaders and policy-makers working together to create a strategy that will preserve critical lands, promote water conservation and clean air, improve our region-wide transportation system, and provide housing options for all residents.

*Coalition for Utah's Future*

*Sponsor of Envision Utah*

*254 South 600 East Ste 201*

*Salt Lake City, UT 84102*

[www.envisionutah.org](http://www.envisionutah.org)

**Federal Highway Administration**

Advocate for highway safety programs related to the roadway and road user; promote use of proven counter-measures for specific problem locations; provide funding for bicycle safety improvements such as bike lanes and pathways; manage "Pedestrian Safety Roadshow" to assist communities in developing their own approaches to identifying and solving problems that affect pedestrian safety and walkability; offer interactive CDs, guides, and brochures to help improve pedestrian-bicycle safety.

*Phone: (202) 366-4077*

<http://www.fhwa.dot.gov/>

**League of American Cyclists**

Promotes bicycling for fun, fitness, and transportation and works through advocacy and education for a bicycle-friendly America. Key programs include: Bicycle Friendly Communities Program; bicycle safety and educational materials and training courses; national, state and local bicycle advocacy; national sponsorship of Bike Month and Bike to Work Day.

*1612 K Street NW, Ste 800*

*Washington, DC 20006-2850*

*Phone: (202) 822-1333*

<http://www.bikeleague.org/index.cfm>



**Local Health Departments**

Promote pedestrian safety campaigns: Green Ribbon Month in September, Walk to School Day in October, National Bike Month in May; provide bicycle and pedestrian safety education through presentations, community events, brochures, newsletters, and the Internet; purchase and distribute low-cost bike helmets; conduct bike rodeos; conduct pedestrian and bicycle safety education for elementary schoolchildren and parents; collaborate with Safe Kids Coalitions, schools, and PTAs to increase student bicycle and pedestrian safety.

*Bear River Health Department*

655 East 1300 North

Logan, UT 84341

Phone: (435) 792-6500

<http://www.brhd.org/>

*Central Utah Public Health Department*

70 Westview Drive

Richfield, UT 84701

Phone: (435) 896-5451

<http://www.centralutahhealth.com/>

*Davis County Health Department*

P.O. Box 618

Farmington, UT 84025

Phone: (801) 451-3586

[http://health.utah.gov/lhd/html/davis\\_county\\_health\\_department.html](http://health.utah.gov/lhd/html/davis_county_health_department.html)

*Salt Lake Valley Health Department*

Injury Prevention Program

788 East Woodoak Lane, Suite 140

Murray, UT 84107

Phone: (801) 313-6605

<http://www.slvhealth.org/>

*Southeastern Utah District Health Department*

P.O. Box 800

Price, UT 84501

Phone: (435) 637-3671

[http://health.utah.gov/lhd/html/southeastern\\_utah\\_district\\_he.html](http://health.utah.gov/lhd/html/southeastern_utah_district_he.html)

*Southwest Utah Public Health Department*

168 North 100 East

St. George, UT 84770

Phone: (435) 673-3528

[http://health.utah.gov/lhd/html/southeastern\\_utah\\_district\\_he.html](http://health.utah.gov/lhd/html/southeastern_utah_district_he.html)

*Summit County Public Health Department*

6505 North Landmark Drive, #300

Park City, UT 84098

Phone: (435) 615-3910

<http://www.co.summit.ut.us/services/office/health.html>

*Tooele County Health Department*

*151 North Main Street*

*Tooele, UT 84074*

*Phone: (435) 843-2300*

*<http://www.tooelehealth.org/>*

*TriCounty Health Department*

*147 East Main Street*

*Vernal, UT 84078*

*Phone: (435) 781-5475*

*<http://www.tricountyhealth.com/>*

*Utah County Health Department*

*151 South University Avenue #2700*

*Provo, UT 84601*

*Phone: (801) 851-7095*

*<http://www.co.utah.ut.us/Dept/Health/index.asp>*

*Wasatch County Health Department*

*55 South 500 East*

*Heber City, UT 84032*

*Phone: (435) 654-2700*

*[http://health.utah.gov/lhd/html/wasatch\\_city-county\\_health\\_dep.html](http://health.utah.gov/lhd/html/wasatch_city-county_health_dep.html)*

*Weber-Morgan Health Department*

*2380 Washington Boulevard #70*

*Ogden, UT 84401*

*Phone: (801) 399-8161*

*<http://www.co.Weber.ut.us/healthdept/>*

**National Highway Traffic Safety Administration**

Bicycle and pedestrian safety program goals are directed toward reducing bicycle injuries and fatalities through education, enforcement, outreach, and legislation; Provide funding and resources for pedestrian and bicycle safety programs.

*<http://www.nhtsa.dot.gov/people/injury/pedbimot/bike/>*

**Ogden One Cycling Club**

Provide a social network for cyclists and support for races.

*<http://www.cyclingogden.com/news.htm>*

**Pedestrian and Bicycle Information Center**

Clearinghouse for information about health and safety, engineering, advocacy, education, enforcement, access and mobility; provide services to anyone interested in pedestrian and bicycle issues, including: planners, engineers, private citizens, advocates, educators, police enforcement and the health community.

*730 Airport Road, Suite 300, Campus Box 3430*

*Chapel Hill, NC 27599-3430*

*Phone: (919) 962-2203*

*[www.bicyclinginfo.org/](http://www.bicyclinginfo.org/)*

*[www.walkinginfo.org/](http://www.walkinginfo.org/)*

**Primary Children's Medical Center**

Bicycle and helmet research study; SAFE KIDS activities; Injury Free Coalition for Kids; provide school education about brain injuries; conduct injury research.

*100 North Medical Drive*

*SLC, UT 84113*

*Phone: (801) 588-2000*

<http://www.ihc.com/xp/ihc/primary>

**Risk Watch**

Give teachers, parents, and safety advocates the tools they need to teach children the skills necessary to make positive choices every day and prepare them for unexpected events; educate children to recognize risk and avoid unintentional injuries.

*Office of the State Fire Marshal*

*5272 South College Drive, Ste 302*

*Murray, UT 84123*

*Phone: (801) 284-6350*

[www.nfpa.org/riskwatch/home.html](http://www.nfpa.org/riskwatch/home.html)

**Safe Kids Coalitions**

Bicycle rodeos; helmet distribution; helmet safety inspections and fittings; educate the public in the proper use of safety devices.

*P.O. Box 142106*

*Salt Lake City, UT 84114-2106*

*Phone: (801) 538-6864*

<http://www.safekids.org/>

**Salt Lake City Critical Mass**

Provide weekly or monthly bicycle rides across Salt Lake City to increase awareness of bicycles as alternative transportation; act as advocates for safe riding on the streets; provide educational seminars and informal training about bicycling.

<http://www.slccriticalmass.org/mass/>

**Salt Lake City Division of Transportation**

Provide pedestrian flags and timed crosswalks; urban redesign (45-degree parking); traffic calming measures (speed bumps, road narrowing, pedestrian bridges and pathways); "5 bar triangle" advance crosswalks; pavement markings; pedestrian-activated in-roadway crosswalk lights; longer traffic signal WALK phases; LOOK crosswalk pavement markings; Adopt-A-Crosswalk Program; pedestrian-activated overhead flashing lights; pedestrian countdown timers; pedestrian signals brochure; Pedestrian Safety Initiatives Committee.

[www.slcgov.com/transportation/](http://www.slcgov.com/transportation/)

**Salt Lake City Mayor's Bicycle Advisory Committee**

Programs include: Bike to Work Week; distribution of bike maps to communities; distribution of bike road signs; provide a safe and efficient multi-modal transportation system for the movement of people and goods and for the vitality of the community; enhance communication between the cycling community and city regarding related issues.

<http://www.slcgov.com/transportation/bicycletraffic/committees.htm>

**Utah Cycling Association**

Network with other cyclists; support races; provide a social forum for other cyclists; provide information to the cycling community.

[www.utahcycling.com](http://www.utahcycling.com)

**Utah Department of Health, Violence and Injury Prevention Program**

Promote pedestrian and bicycle safety campaigns (Green Ribbon Month, Walk to School Day, National Bike Month); provide bicycle and pedestrian safety education through presentations, community events, bike rodeos, brochures, newsletters, the media, and the Internet; collaborate with many partners to collect injury data; conduct injury research; support legislation and enforcement efforts that reduce injury hazards and help increase safe behaviors; implement community-based injury prevention activities; work with state and local partners (such as Department of Public Safety, Department of Transportation, Safe Kids Coalitions, PTAs, schools, etc.); purchase and distribute low-cost bike helmets; conduct an annual statewide bicycle helmet observation survey to monitor bicycle helmet use rates.

*Utah Department of Health*

*P.O. Box 142106*

*Salt Lake City, UT 84114-2106*

*Phone: (801) 538-6864*

*E-mail: [vipp@utah.gov](mailto:vipp@utah.gov)*

*[www.health.utah.gov/vipp/](http://www.health.utah.gov/vipp/)*

**Utah Department of Transportation**

Pedestrian and public safety task force; provide pedestrian signs, crosswalks, school zones, and crossing guard manuals; roadway safety improvement.

*4501 South 2700 West*

*Mail Stop 141200*

*Salt Lake City, UT 84114*

*Phone: (801) 965-4000*

*<http://www.dot.state.ut.us/>*

**Utah Parent Teacher Association**

Educate children about pedestrian safety.

*5192 South Greenpine Drive*

*Salt Lake City, UT 84123*

*Phone: (801) 261-3100 or 1-866-PTA-UTAH*

*<http://www.utahpta.org/main.html>*

**Utah Transit Authority**

Provide bicycle racks on buses; transport bicycles on TRAX; free bus zone; promote public transportation; design TRAX stations and blockades to minimize pedestrian exposure to motorists.

*P.O. Box 30810*

*Salt Lake City, UT 84130*

*Phone: (801) 262-5626 ext. 2324*

*<http://www.utabus.com/>*

**Wasatch Women's Cycling Club**

Encourage growth in women's recreational and competitive road cycling in Utah; offer a nurturing environment for women by providing education, encouragement and support to its members; provide social support for both cycling and safety.

*<http://www.wccutah.org/>*

*<http://www.cyclingutah.com/core/clubs>*

# Seatbelt Restraint Safety



## Background Information and Current Data

### How important are seatbelts?

Research has found that seatbelts reduce the risk of fatality in a motor vehicle crash by 50%. Nationally, seatbelts save more 13,000 lives a year. However, an estimated 7,000 people die annually because they are not buckled up.<sup>1</sup>

## Healthy People 2010 Objectives

Healthy People 2010 objectives relate to seatbelt use and motor vehicle-related injuries and fatalities. Injury and fatality rates are given in number of incidents per 100,000 people per year.

Table 1 compares Healthy People 2010 objectives with injury and fatality rates in Utah.<sup>1,2</sup> Concerted efforts by state agencies and private organizations will be needed to meet these goals.

## Economic Cost of Automobile Crashes

In addition to the toll of morbidity and mortality associated with motor vehicle crashes, Table 2 demonstrates the economic burden of crashes in Utah and nationally.<sup>3</sup>

A 1992 article indicated that for every 10% increase in seatbelt use, \$800 million in direct costs to society is saved each year.<sup>4</sup>

**Table 1.**

Healthy People 2010 Topics	Utah Rate	USA Rate	2010 Goal
Seatbelt Use	80% (2002)*	75% (2002)	92%
Nonfatal Motor Vehicle Injuries	Not reported	1187.5 (2002)†	933
Fatal Motor Vehicle Crashes	13.2 (2001)	14.9 (2001)	9.2

\* There are no reported data in Healthy People 2010 for Utah or most states. An article by Glassbrenner was used for the Utah rate. In addition, a national behavior survey reports rates for Utah and the nation, which is described in the 'Trends in Seatbelt Use' section.

† Rates reported per 100,000

**Table 2.**

2000 Economic Cost of Motor Vehicle Traffic Crashes	
Utah	\$ 1.59 Billion
U.S. Total	\$ 230.56 Billion

## **Injury and Fatality Trends Related to Seatbelt Use**

Using Web-based Injury Statistics Query and Reporting System (WISQARS) data from the Centers for Disease Control and Prevention in 2000, the rate of motor vehicle occupant deaths in Utah is 5.6 deaths/100,000, compared to an average of 6.1 deaths/100,000 nationwide. Using a national occupant injury rate, it is estimated that Utah residents experienced approximately 27,505 injuries in 2000 alone due to motor vehicle crashes.

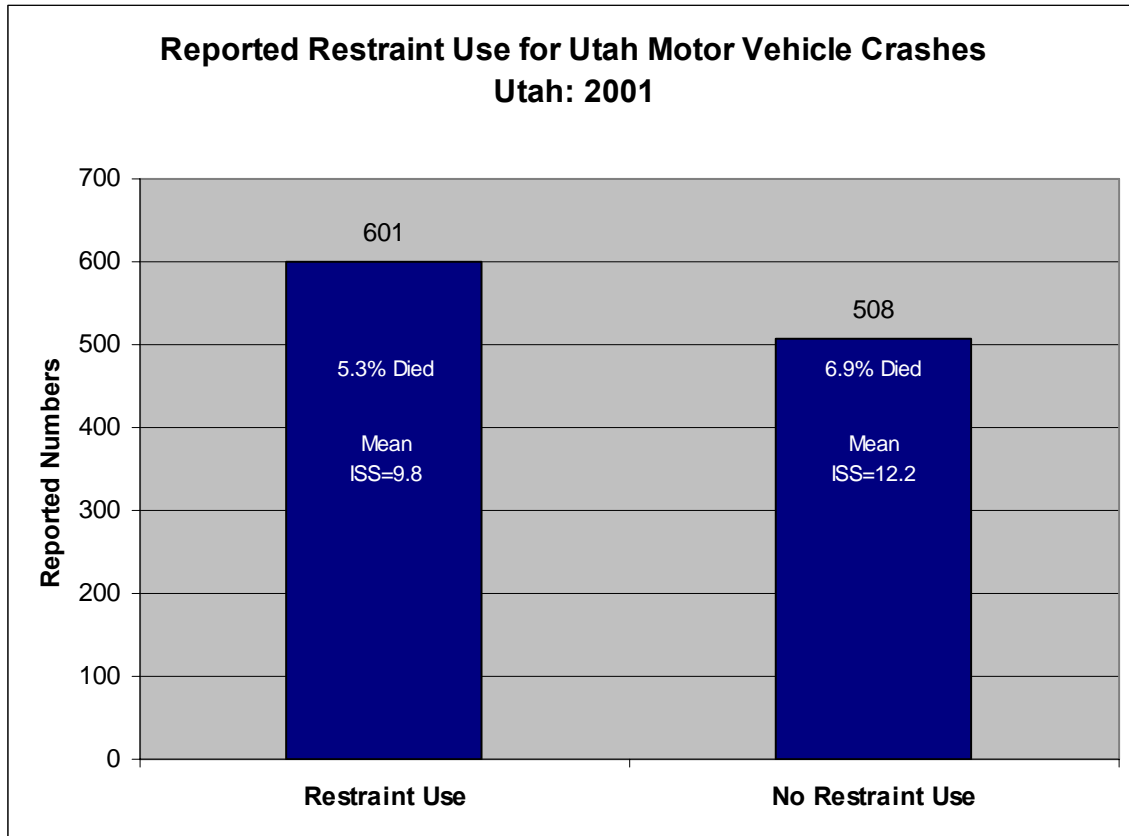
Figure 1 shows that 54% of patients reported to the Utah Trauma Registry following a motor vehicle crash were

using a restraint device. The Injury Severity Score (ISS) was lower for those who used a restraint device, as was the incidence of death. The ISS is calculated by assessing the patient's three most severely injured body regions. An ISS of 1 indicates no injury, while an ISS of greater than 15 represents major injury.

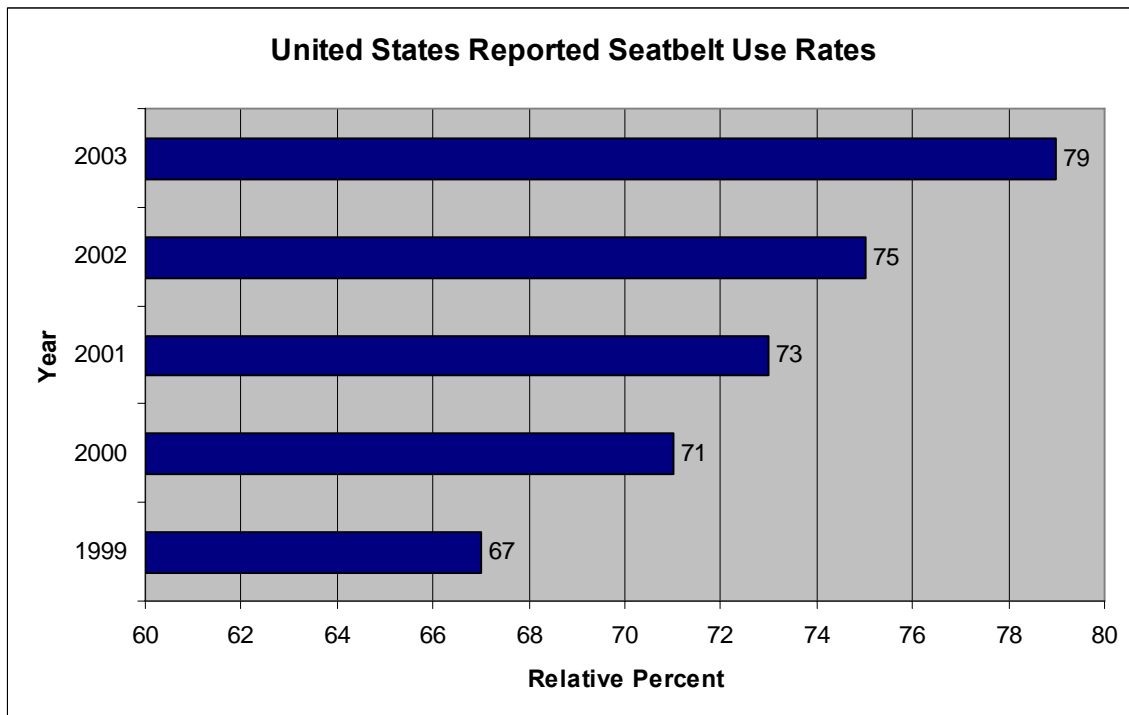
## **Trends in Seatbelt Use**

A national survey conducted in 2002 suggests that Utah residents wear seatbelts 80% of the time.<sup>1</sup> Overall, the national use of seatbelts is increasing as well.(Figure 2).<sup>6</sup>

**Figure 1.**



**Figure 2.**



## Reported Seatbelt Use Rates from the BRFSS

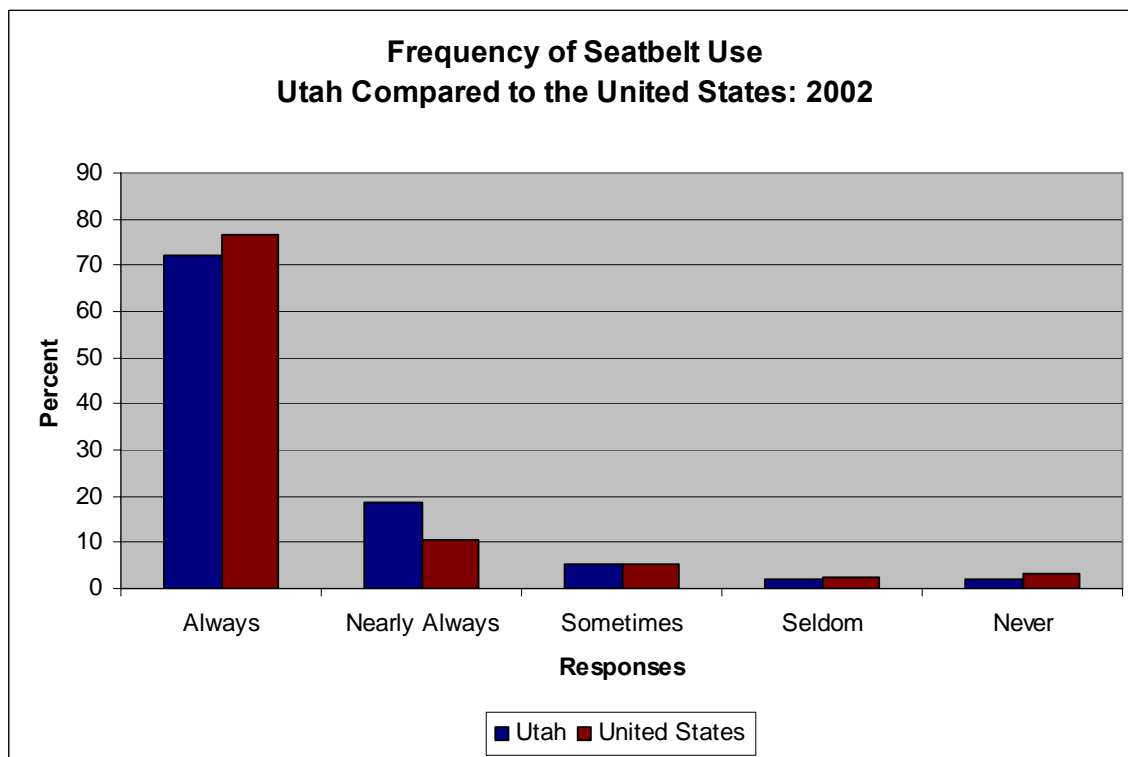
The data reported by the Behavioral Risk Factor Surveillance System (BRFSS) provides additional information regarding seatbelt use. The BRFSS is a telephone survey that tracks health risks in the United States and individual states. Rather than simply asking whether seatbelts are used, the BRFSS asked about perceived frequency of seatbelt use overall.

Knowing overall usage patterns can help current intervention programs better tailor and target populations who “seldom” or “sometimes” use seatbelts.

Figure 3 suggests that Utah seatbelt usage rates are mixed.<sup>7</sup> Utah residents demonstrate less “always” usage compared to national rates but show increased rates of “nearly always” usage.

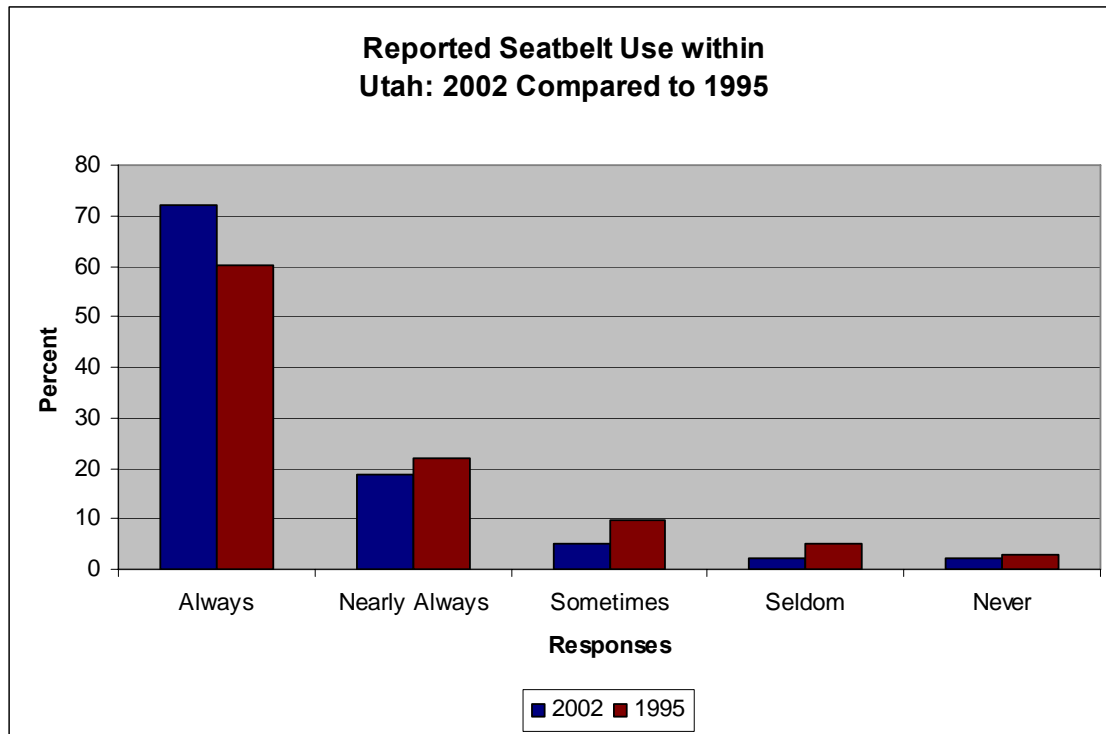
Figure 4 illustrates the change in seatbelt usage in Utah.<sup>7</sup> Notably, overall seatbelt usage has increased and is significantly improved for all reported usage patterns.

**Figure 3.**





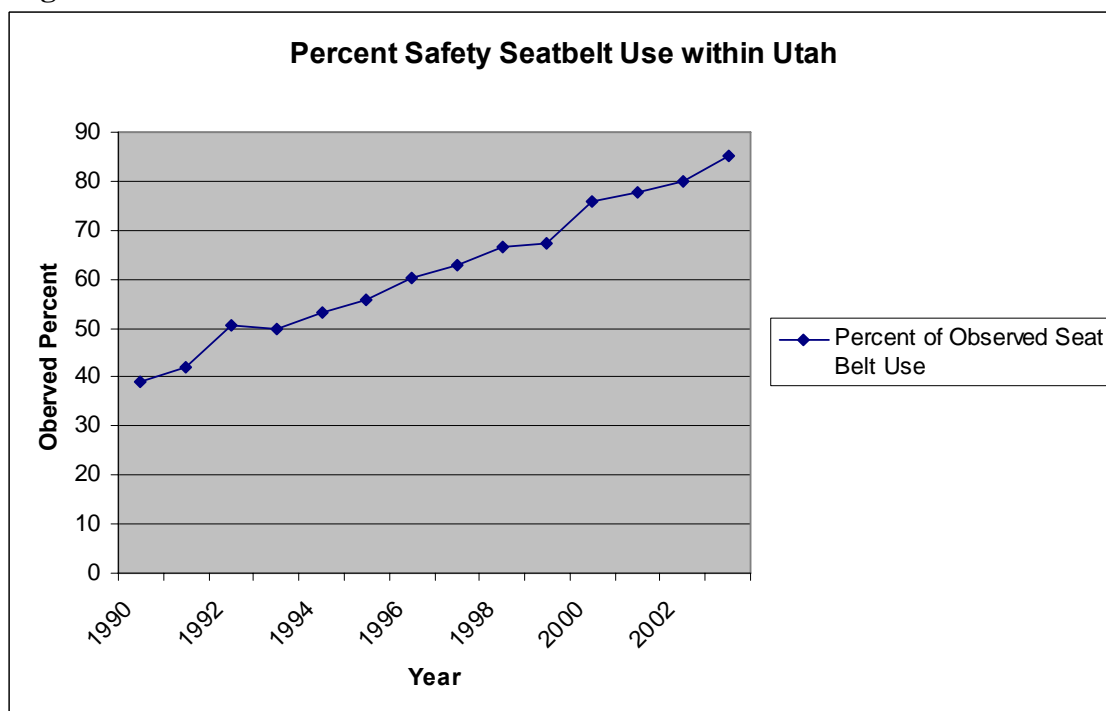
**Figure 4.**



As stated in previous sections, what people report for behavior, such as in the BRFSS, and what they do are often different. Figure 5 illustrates observed

rates within Utah as part of a national observational study based on National Highway Traffic Safety Administration (NHTSA) guidelines.<sup>8</sup>

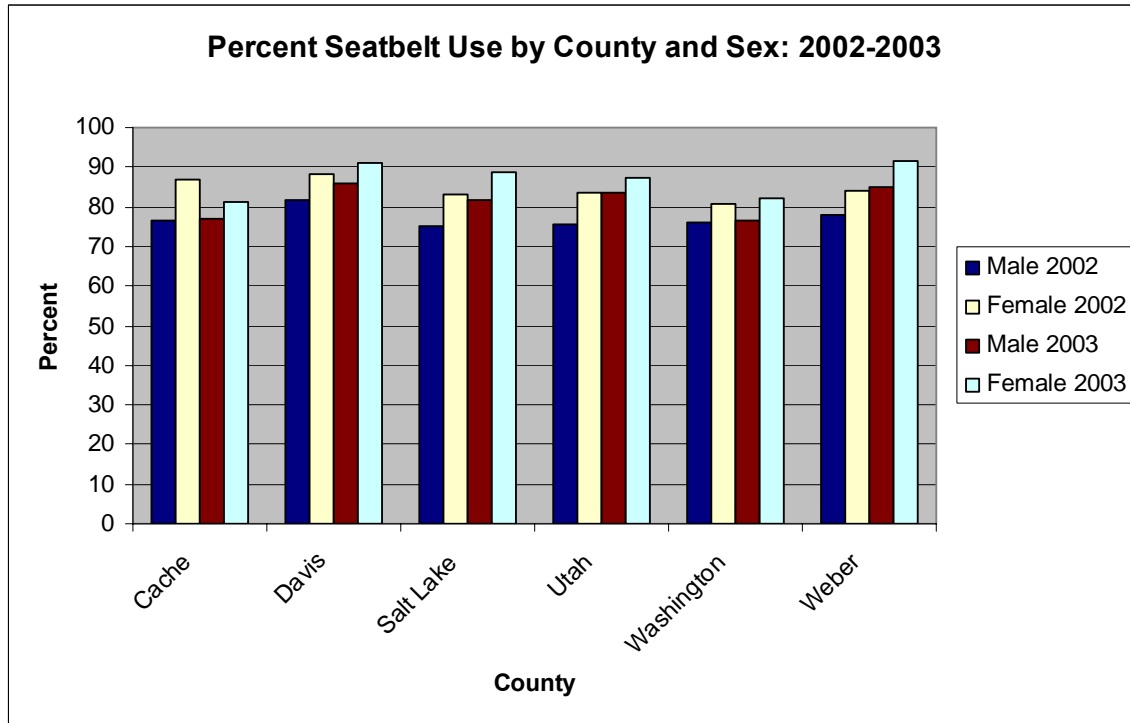
**Figure 5.**



In addition, there are differences in reported rates between males and females. Figure 6 illustrates that overall females have a higher rate of seatbelt usage when compared to males.<sup>8</sup> Figure

6 also illustrates usage rates for six counties across Utah. Note that for each county there was an increase in usage rates among both males and females when comparing 2002 to 2003.

**Figure 6.**



### Seatbelt Usage Rates Comparing States with Primary Versus Secondary Seatbelt Laws

Beginning in 2001, Utah became one of 31 states that enforce a secondary seatbelt law.<sup>1</sup> Secondary seatbelt laws gives law enforcement the power to ticket persons not wearing a seatbelt only if the vehicle is stopped for another traffic violation. Primary laws give law enforcement power to stop and ticket any person not wearing a seatbelt. Of the 32,519 people killed in crashes in the

U.S. in 2002, nearly 60 percent were not wearing a safety belt.<sup>9</sup> It is estimated that enacting primary seatbelt laws for all states from 1995-2002 would have saved more than 12,000 lives nationally and more than 170 in Utah.

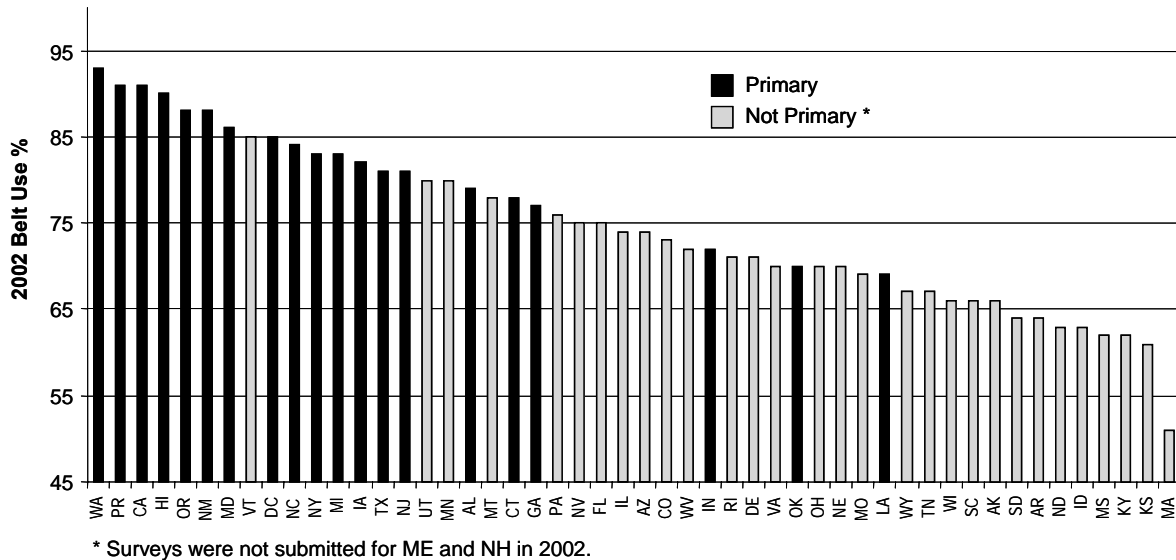
Figure 7 depicts all primary and secondary seatbelt law states in 2002 and provides estimates of overall seatbelt usage rates. Figure 7 suggests that primary seatbelt laws increase overall seatbelt use.

Table 3 illustrates consistent differences in reported seatbelt usage rates for states with primary seatbelt laws versus those states with secondary seatbelt laws over time.<sup>9</sup>

Using the NHTSA data, Table 4 represents the number of lives that could have been saved in Utah in 2001 if seatbelt use had increased to 100%.<sup>3</sup>

**Figure 7.**

**Seatbelt Use Rates in 2002 (Data Source: NHTSA)**



**Table 3.**

**Statewide Observed Belt Use 1995 - 2002 for Primary Versus Non-primary Law States (exclude DC and IN)**

	1995	1996	1997	1998	1999	2000	2001	2002	Total
Primary	75%	74%	75%	78%	79%	79%	81%	83%	78%
Non-primary	60%	59%	60%	61%	63%	65%	67%	70%	63%
Difference	15%	15%	14%	17%	16%	14%	14%	13%	15%

**Table 4.**

Restraint Use	Passenger Vehicle Occupant Deaths				Current	Savable
	(Age 5+)				Lives Saved	at 100%
	Total	Restrained	Unrestrained	Unknown		
Utah	207	75	123	9	91	143

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# Seatbelt Action Steps

The following action items describe seatbelt activities underway in Utah. Listed within parentheses are federal, state, and local agencies that are in some manner addressing the specific action item.

## Objectives:

1. Increase seat belt use to 92% by 2010.
2. Reduce deaths from motor vehicle crashes to 14 per 100,000 population by 2010.
3. Reduce nonfatal injuries caused by motor vehicle crashes to 933 per 100,000 population by 2010.

## Action Steps:

### 1. Education and awareness

- a. *Seminars and conferences to increase seatbelt awareness*  
(American Association of Retired Persons; Brain Injury Association of Utah; Coalition for Utah Traffic Safety; Intermountain Health Care Healthy Communities; Local Health Departments; Primary Children's Medical Center; Utah Department of Public Safety; Utah Safety Council)
- b. *Public awareness campaigns to increase targeting of higher-risk populations*  
(American Automobile Association; Brain Injury Association of Utah; Coalition for Utah Traffic Safety; Intermountain Health Care Healthy Communities; Law Enforcement Agencies; Local Health Departments; Primary Children's Medical Center; Utah Department of Public Safety; Utah Highway Patrol; Utah Safety Council)
- c. *Target employers to increase employee awareness and use of seatbelts both on and off the job*  
(Primary Children's Medical Center; Utah Department of Public Safety; Utah Highway Patrol; Utah Safety Council)
- d. *Provide specific classes or courses that include use of seatbelts*  
(American Association of Retired Persons; Coalition for Utah Traffic Safety; Local Health Departments; Primary Children's Medical Center; Utah Department of Public Safety; Utah Safety Council)
- e. *Provide both printed and public announcements (via radio, television, Internet and other communication mediums) to educate the public about seatbelt use*  
(American Automobile Association; Brain Injury Association of Utah; Coalition for Utah Traffic Safety; Intermountain Health Care Healthy Communities; Local Health Departments; Primary Children's Medical Center; Utah Department of Public Safety; Utah Highway Patrol; Utah Safety Council)

## **2. Legislative support**

- a. *Garner support for enforcement of secondary seatbelt law*  
(American Automobile Association; Coalition for Utah Traffic Safety; Primary Children's Medical Center)
- b. *Educate the state legislature and government to support evidence-based initiatives that could increase seatbelt usage such as a primary seatbelt law*  
(American Automobile Association; Coalition for Utah Traffic Safety; Primary Children's Medical Center)

## **3. Behavioral support**

- a. *Require seatbelt use for employees when they are working*  
(Utah Department of Public Safety; Utah Highway Patrol; Utah Safety Council)
- b. *Demonstrate the outcome of a crash when seatbelts aren't used*  
(Local Health Departments; Primary Children's Medical Center; Utah Highway Patrol)
- c. *Administer programs or activities that provide positive reinforcement for seatbelt use*  
(American Association of Retired Persons; American Automobile Association; Local Health Departments; Primary Children's Medical Center; Utah Department of Public Safety; Utah Safety Council)
- d. *Support enforcement of laws that penalize individuals for lack of seatbelt use*  
(Law Enforcement Agencies; Local Health Departments; Utah Department of Public Safety; Utah Highway Patrol)

## **4. Law enforcement**

- a. *Enforce the secondary seatbelt law*  
(Law Enforcement Agencies; Utah Department of Public Safety; Utah Highway Patrol)

## **5. Surveys and assessments**

- a. *Collect seatbelt use-related data*  
(Law Enforcement Agencies; Utah Department of Public Safety; Utah Highway Patrol)

## **6. Funding**

- a. *Provide funding for seatbelt use, awareness, and education*  
(Coalition for Utah Traffic Safety; Primary Children's Medical Center; State and Local Health Departments; Utah Department of Public Safety)
- b. *Provide funding for seatbelt enforcement*  
(Law Enforcement Agencies; Utah Department of Public Safety)

## 7. Future objective

- a. *Advocate for a primary seatbelt law in Utah*  
(American Automobile Association; Primary Children's Medical Center)
- b. *Support better data collection and analysis of all factors related to seatbelt use*  
(Utah Department of Public Safety)
- c. *Continue support of research into and evaluation of seatbelt interventions*  
(Primary Children's Medical Center; Utah Department of Public Safety; Utah Safety Council)
- d. *Use social marketing principles to encourage seatbelt use*  
(Primary Children's Medical Center; State and Local Health Departments; Utah Highway Patrol; Utah Safety Council)
- e. *Continue building a network of resources working to support proper safety restraint use*  
(American Association of Retired Persons; American Automobile Association; Brain Injury Association of Utah; Coalition for Utah Traffic Safety; Intermountain Health Care Healthy Communities; Law Enforcement Agencies; Primary Children's Medical Center; State and Local Health Departments; Utah Department of Public Safety; Utah Highway Patrol; Utah Safety Council)

## Resource List

### **American Association of Retired Persons**

Provide defensive driving classes; roadside assistance; 55 Alive campaign.

*AARP Utah*

*6975 Union Park Center, Ste 320*

*Midvale, UT 84047*

*Telephone: (801) 561-1037*

*Toll Free: 1-866-991-2277*

*Email: [utaarp@aarp.org](mailto:utaarp@aarp.org)*

*<http://www.aarp.org/>*

### **American Automobile Association**

Provide legislative support for restraints; offer discounts to customers who wear seatbelts; CHEERS Campaign; distribution of educational materials.

*560 East 500 South*

*SLC, UT 84102*

*Phone: (801) 364-5615*

*<http://www.csaa.com/home/>*

**Brain Injury Association of Utah**

Public education and awareness; distribution of safety materials; organize annual conference for professionals, families, and brain injury survivors.

*1800 S West Temple, Ste. 203*

*Salt Lake City, UT 84115*

*Phone: (801) 484-2240*

<http://www.biau.org/>

**Coalition for Utah Traffic Safety**

Safety advocates; legislation; education and awareness; provide funding for education.

*560 East 500 South*

*SLC, UT 84108*

*Phone: (801) 364-5615*

<http://highwaysafety.utah.gov>

**Intermountain Health Care Healthy Communities**

IHC Healthy Community initiatives are located in urban and rural areas served by IHC facilities and focus on specific community needs, followed by an implementation of programs to improve and measure the health of that community. These partnerships bring together neighbors, local government, agencies, schools and other groups to work on significant issues affecting health and well-being in the community. Some of these issues are: access to health care services, safe neighborhoods, immunizations, teen suicide, pedestrian safety, transportation, smoking cessation, drug abuse prevention, self-education on family health and wellbeing.

*Phone: (801) 442-3798*

<http://www.ihc.com/xp/ihc/aboutihc/chp/chphealthycommunities/>

**Law Enforcement Agencies**

Community police coalition; elementary school safety education; public education and awareness.

<http://www.the911site.com/911pd/utah.shtml>

**Local Health Departments**

Senior safety education at senior centers; highway safety belt programs that target teenagers; programs to educate grade school children; restraint education; community health and safety fairs; SAFE KIDS Fair; Spanish education and awareness program; partner with Utah Highway Patrol for "Rollover" and "Convincer" demonstrations; high school seatbelt competition programs; Peer Leader Teams to teach about injury safety; rest area promotions providing seatbelt safety education; public education and awareness; collaborate with Safe Kids Coalitions, schools, and PTAs to increase student occupant protection.

*Bear River Health Department*

*655 East 1300 North*

*Logan, UT 84341*

*Phone: (435) 792-6500*

<http://www.brhd.org/>

*Central Utah Public Health Department*

*70 Westview Drive*

*Richfield, UT 84701*

*Phone: (435) 896-5451*

<http://www.centralutahhealth.com/>

*Davis County Health Department*

*P.O. Box 618*

*Farmington, UT 84025*

*Phone: (801) 451-3586*

[http://health.utah.gov/lhd/html/davis\\_county\\_health\\_department.html](http://health.utah.gov/lhd/html/davis_county_health_department.html)



*Salt Lake Valley Health Department*

*Injury Prevention Program*

788 East Woodoak Lane, Suite 140

Murray, UT 84107

Phone: (801) 313-6605

<http://www.slvhealth.org/>

*Southeastern Utah District Health Department*

P.O. Box 800

Price, UT 84501

Phone: (435) 637-3671

[http://health.utah.gov/lhd/html/southeastern\\_utah\\_district\\_heh.html](http://health.utah.gov/lhd/html/southeastern_utah_district_heh.html)

*Southwest Utah Public Health Department*

168 North 100 East

St. George, UT 84770

Phone: (435) 673-3528

[http://health.utah.gov/lhd/html/southeastern\\_utah\\_district\\_heh.html](http://health.utah.gov/lhd/html/southeastern_utah_district_heh.html)

*Summit County Public Health Department*

6505 North Landmark Drive, #300

Park City, UT 84098

Phone: (435) 615-3910

<http://www.co.summit.ut.us/services/office/health.html>

*Tooele County Health Department*

151 North Main Street

Tooele, UT 84074

Phone: (435) 843-2300

<http://www.tooelehealth.org/>

*TriCounty Health Department*

147 East Main Street

Vernal, UT 84078

Phone: (435) 781-5475

<http://www.tricountyhealth.com/>

*Utah County Health Department*

151 South University Avenue #2700

Provo, UT 84601

Phone: (801) 851-7095

<http://www.co.utah.ut.us/Dept/Health/index.asp>

*Wasatch County Health Department*

55 South 500 East

Heber City, UT 84032

Phone: (435) 654-2700

[http://health.utah.gov/lhd/html/wasatch\\_city-county\\_health\\_dep.html](http://health.utah.gov/lhd/html/wasatch_city-county_health_dep.html)

*Weber-Morgan Health Department*

*2380 Washington Boulevard #70*

*Ogden, UT 84401*

*Phone: (801) 399-8161*

*<http://www.co.Weber.ut.us/healthdept/>*

**Primary Children's Medical Center**

Press releases, TV and radio education; distribution of literature/education materials; presentations; participation in community health fairs; seatbelt survey of hospital employees; Buckle Up America campaign; new employee orientation seatbelt education; legislative support and education; seatbelt signs posted at designated locations; parent education.

*100 North Medical Drive*

*SLC, UT 84113*

*Phone: (801) 588-3683*

*<http://www.ihc.com/xp/ihc/primary>*

**Utah Department of Public Safety**

Provide grant funding to local health departments; Buckle or Busted Program; provide funding for observational surveys; coordinate traffic safety with local police, law enforcement, and local health departments; Utah Student Safety Program

*Utah Highway Safety Office*

*5263 S. Commerce Dr, Suite 202*

*Salt Lake City, UT 84107*

*Phone (801) 293-2480*

*<http://highwaysafety.utah.gov/>*

**Utah Highway Patrol**

Seatbelt enforcement; enforce Buckle or Busted Program; vehicle crash outcome demonstration using the "Rollover" and "Convincer"; distribution of public awareness materials; "Fatal Vision" education demonstration; crash site investigations; media spokespersons.

*P.O. Box 141775*

*Salt Lake City, UT 84114*

*Phone (801) 965-4518*

*<http://www.highwaypatrol.utah.gov>*

*<http://www.utahtrooper.com/>*

**Utah Safety Council**

Safe driving classes; traffic safety newsletters and mailings; collaborate with other partners.

*5263 South 300 West, Suite 201*

*Salt Lake City, UT 84107*

*Phone: (801) 262-5400*

*Toll Free: (800) 933-5943*

*<http://www.utahsafetycouncil.org>*

# Child Restraint Safety



## Background Information and Current Data

### Definition and Types of Child Restraints

Child restraint devices vary by type and method of restraint depending on the age of the child. Age is used as a proxy for height and weight of the child. The three primary groups of children requiring a restraint are infants (<1 year old), toddlers (1-3 years old), and booster age children (4-8 years old). Restraints used include forward-facing child seat, rear-facing child seat, booster seat, and seatbelts (used to anchor the other restraint devices).<sup>1</sup>

### How Important are Child Restraints?

Evidence suggests that an unrestrained child (<5 years old) is five times more likely to be killed and two times more likely to be injured than a restrained child.<sup>3</sup> Despite the common knowledge and assumption that restraints save lives, many choose not to use restraints.

### Healthy People 2010 Objectives

Healthy People 2010 objectives relate to child restraint use and motor vehicle injuries and fatalities. Concerted efforts

by states and private organizations will be needed to meet these goals. Injury and fatality rates are given in number of incidents per 100,000 people per year. Table 1 compares Healthy People 2010 objectives with injury and fatality rates in Utah.<sup>4</sup>

### Additional Objectives for Restraint Use

Tables 2, 3, and 4 provide detailed observational data and goals for effective child restraint use.<sup>1</sup> A nationwide study completed by the National Highway Traffic Safety Administration (NHTSA) observed restraint use at controlled intersections. The study also reported the restraint type that should have been observed to be age-appropriate. Not only is usage important, but the proper restraint for the appropriate age is equally essential.

**Table 1.**

<b>Healthy People 2010 Objectives</b>	<b>Utah Rate</b>	<b>USA Rate</b>	<b>2010 Goal</b>
Child Restraint Use	Not available	82% (1998)	100%
Nonfatal Motor Vehicle Injuries	Not available	1187.5* (2002)	933
Fatal Motor Vehicle Injuries	13.2 (2001)	14.9 (2001)	9.2

*\*Rates reported per 100,000*

**Table 2.**

### **Infant (≤1 year old) Restraint Use and Goals**

<b>Restraint</b>	<b>Use in Year</b>		<b>Goal:</b>
	<b>2000</b>	<b>2002</b>	
Front-facing Safety Seat	68%	66%	0%
Rear-facing Safety Seat	24%	32%	100%
High-back Booster Seat	Not available	1%	0%
Back or Belt-less Booster	3%	1%	0%
No Restraint Use	5%	1%	0%

**Table 3.**

### **Toddlers (1-3 years old) Restraint Use and Goals**

<b>Restraint</b>	<b>Use in Year</b>		<b>Goal:</b>
	<b>2000</b>	<b>2002</b>	
Front-facing Safety Seat	39%	62%	92%
Rear-facing Safety Seat	8%	4%	8%
High-back Booster Seat	Not available	16%	0%
Back or Belt-less Booster	45%	13%	0%
No Restraint Use	9%	6%	0%

**Table 4.**

### **Booster Age (4-7 years old) Restraint Use**

<b>Restraint</b>	<b>Use in 2002</b>	<b>Goal:</b>
Front-facing Safety Seat	9%	37%
Rear-facing Safety Seat	1%	0%
High-back Booster Seat	6%	These should total 63%
Back or Belt-less Booster	67%	
No Restraint Use	17%	0%

**Table 5.**

<b>Community</b>	<b>Use Percentage Before Campaign</b>	<b>15 Months After Intervention</b>
Communities with Education Campaigns	13.3%	26.1%
Communities with no Educational Campaigns	17.3%	20.2%

### **Community Interventions**

Many community efforts have been implemented to educate the public about the importance and proper use of child restraints, specifically booster seats for ages 4-8 years. One study used selected communities in Oregon and Washington areas. A public awareness campaign was implemented in some communities, with other communities serving as controls. There was a significant observed increase in use of booster seats 15 months following the campaign among communities receiving the intervention (see Table 5).<sup>5</sup>

Other studies have shown that educating parents about safety restraints when leaving the hospital with a newborn child increases likelihood of subsequent use, both short term (immediate use after leaving the hospital) and long term (observed increased use months after the hospital training).<sup>6</sup> The state of New Mexico observed a 33% reduction in fatality rates and 12.6% reduction in injury rates for children <5 years old when comparing rates before and after implementation of a primary seatbelt law.<sup>3</sup> New Mexico also demonstrated a medical care cost-benefit of restrained (\$662) versus non-restrained children (\$2,569) in 1985. The same study found that average injury severity scores were higher for nonrestrained children (3.6)

versus restrained children (2.0).<sup>7</sup> The state of Michigan identified additional benefits of a child restraint law. After implementation of such a law, there was an observed 36% decline in hospitalizations, 25% reduction in head injuries, 20% reduction in extremity injuries, and decreased lengths of stay for children under age four hospitalized due to automobile crashes years old.<sup>8</sup>

Another hospital-based study evaluated child restraint use after new parents received an educational intervention. After the intervention, a community follow-up observed that not only had proper usage significantly increased, but that observed restraint use at a county fair two years later had also increased (from 34% in 1982 to 67% in 1984).<sup>6</sup> Study authors recognized that factors other than the educational intervention may account for these increases.

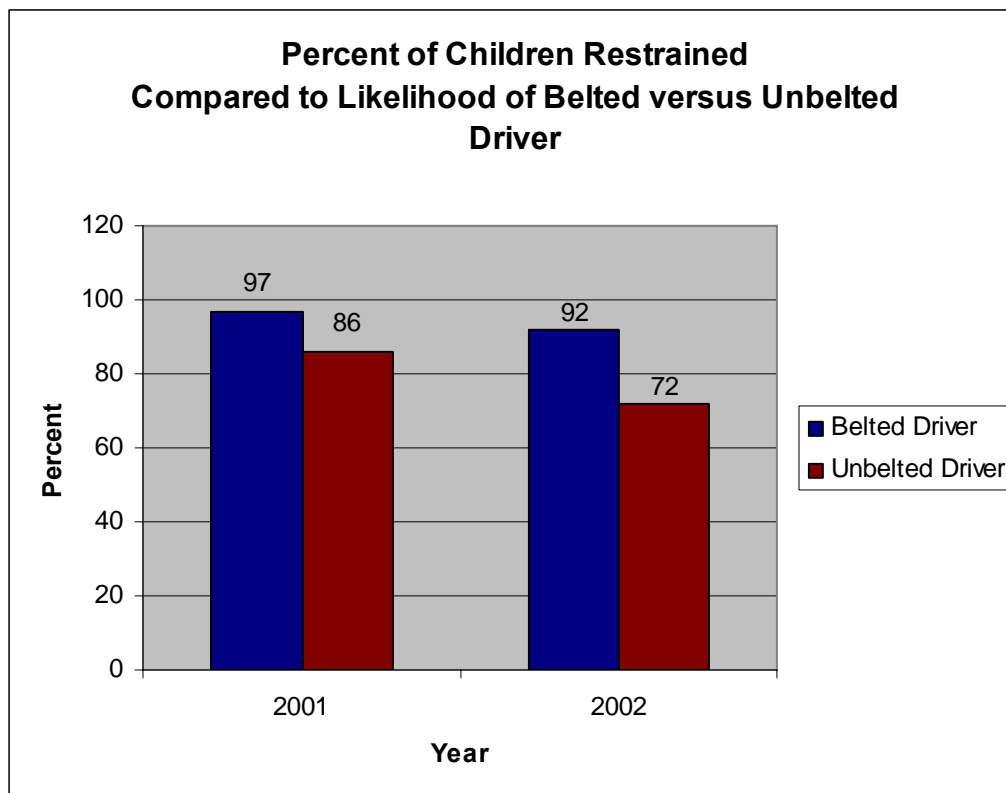
Short and long-term studies attempt to understand how effective such intervention strategies are. The overall conclusion of a literature review of published programs suggests that current programs are somewhat effective immediately following the intervention, but that results are mixed when assessing the long-term effect of behavior change. Many of the reviewed studies contained methodological flaws that, if resolved, might enhance outcomes resulting from

the intervention. Pre-school programs demonstrated immediate effectiveness (12-52% increase in restraint use), but were only 8-12% effective one or more months after the intervention. Long-term success of community media campaigns demonstrated an increased use rate of 5-14%. Counseling the parents after a birth about child restraint use demonstrates long-term enhancements of 6-27% with a range of 10-15%.<sup>9</sup>

### **Behavioral Characteristics Affect Child Restraint Use**

Driver behaviors impact whether child restraints are used. Figure 1 illustrates that drivers who wear seatbelts are more likely to use child restraints for children in the vehicle.<sup>1</sup> For instance, 2002 data show that, when the driver was belted, there was a 92% likelihood the child would also be restrained. In comparison, a child in a motor vehicle driven by an unbelted driver was only 72% likely to be restrained.

**Figure 1.**



## Proper Positioning of Children

How and where in the vehicle children are restrained is important. Children are most protected in the back seat. Data show an association between airbags and death for young children in the front seat (31% fatalities for restrained children and 84% fatalities for children in the front seat without restraints).<sup>10</sup> However, for children age 9-12 there is some evidence that airbags offer protection.<sup>10</sup>

There is limited evidence demonstrating that education programs or other restraint programs have a positive impact on proper positioning of children. A Danish study (1973) demonstrated a positive impact when educating parents about the importance of placing children in the rear seat.<sup>11</sup>

## Trends in Child Restraint Use

A national survey in 2001 and 2002 indicates that Utah child restraint use

increased from 78% to 80%.<sup>2</sup> Table 6 provides national trends for child restraint use.<sup>1</sup>

## Reported Child Restraint Use

Figure 2 demonstrates that, among Utah residents, child restraint usage can be improved.<sup>12</sup> Utah residents report less “always” usage, and increased rates of “nearly always” use of a child restraint.

Figure 3 illustrates the change in restraint usage reported in Utah for the years 1995 and 1997.<sup>12</sup> Note that overall child restraint usage has increased.

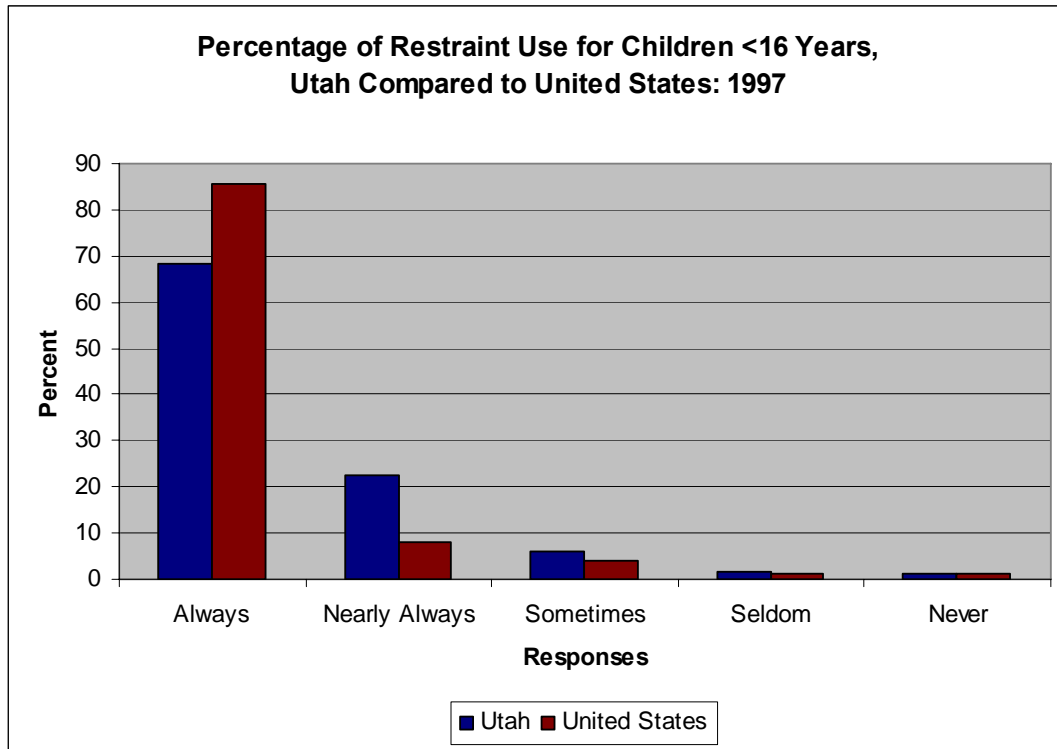
Although infant and toddler child restraint use is high, there is room for improvement among booster-age children. National data still show far too many children are being placed in the front seat, while research suggests the safest place for children (in general) is in the back seat.

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**Table 6.**

Age	Restraint Use		Percent in Front Seat 2002
	2000	2002	
Infants (age <1 year old)	95%	99%	15%
Toddlers (age 1-4 years old)	91%	94%	10%
Booster Age children (age 4-7 years old)	No data	83%	29%

**Figure 2.**



**Figure 3.**

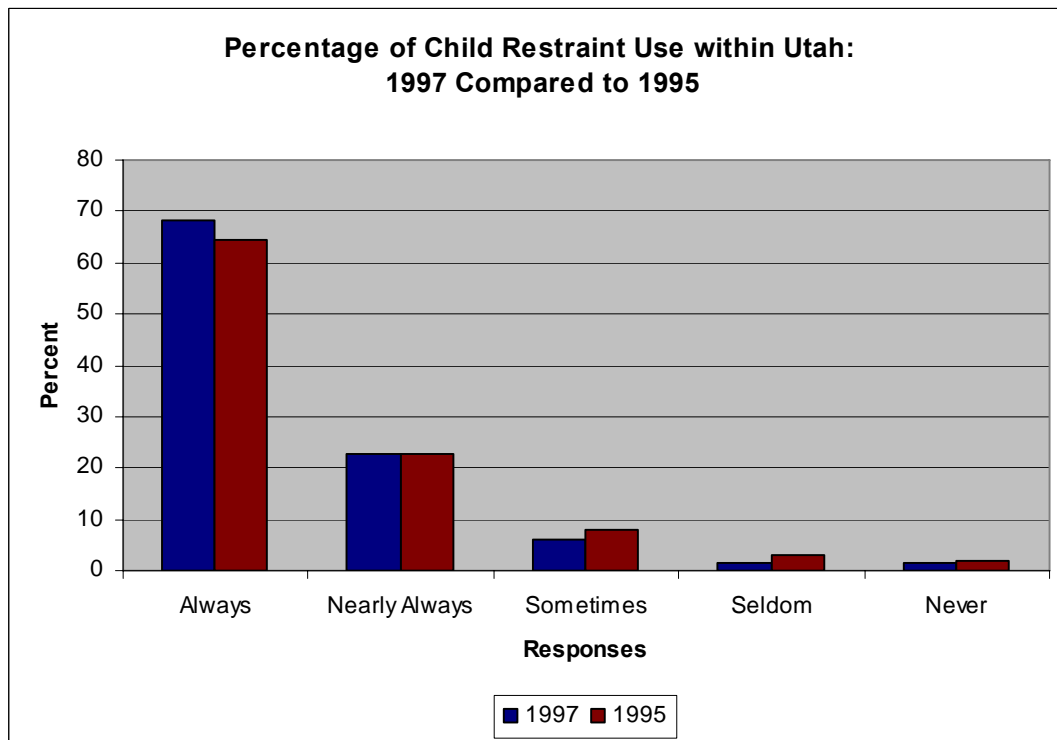




Figure 4 illustrates observed rates within Utah as part of a national study based from NHTSA guidelines (see Figure 4).<sup>13</sup> Note for all years the difference in usage rates for children age 0-2 years

compared to those age 2-10 years. The difference appears to be decreasing in year 2001 when compared to initial differences in year 1993.

**Figure 4.**

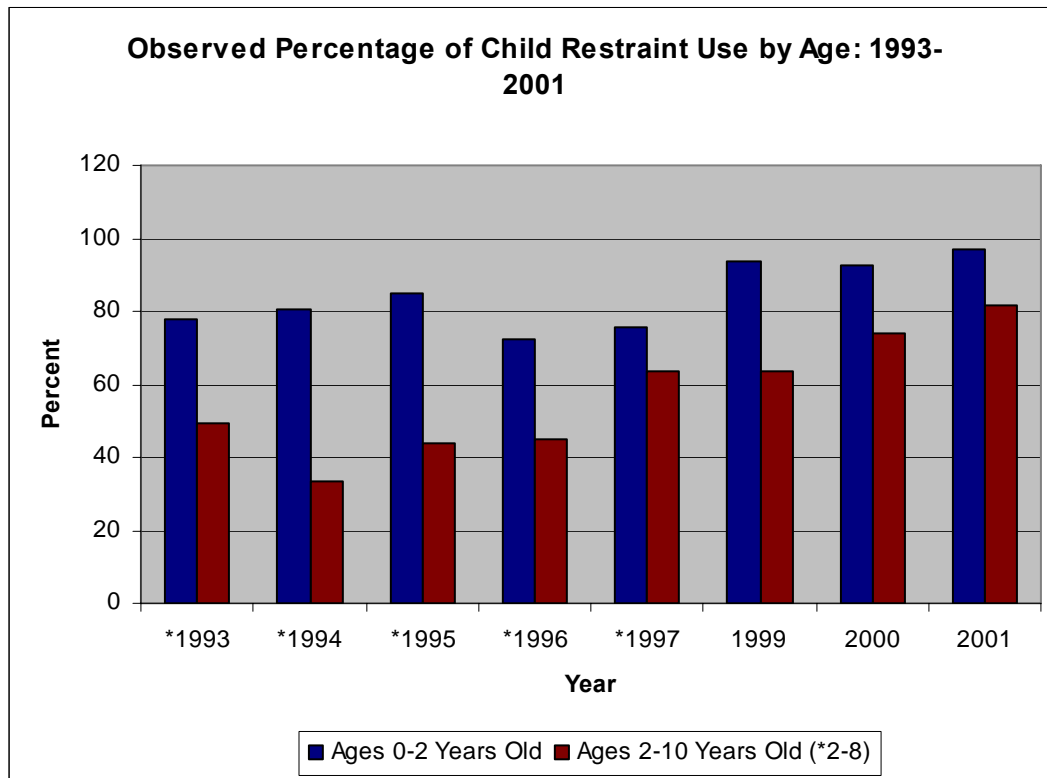


Figure 5 illustrates usage rates for six counties across Utah.<sup>13</sup> Note that five out of six counties report higher usage rates for children age 0-4 years than those age 5-10 years.

**Figure 5.**

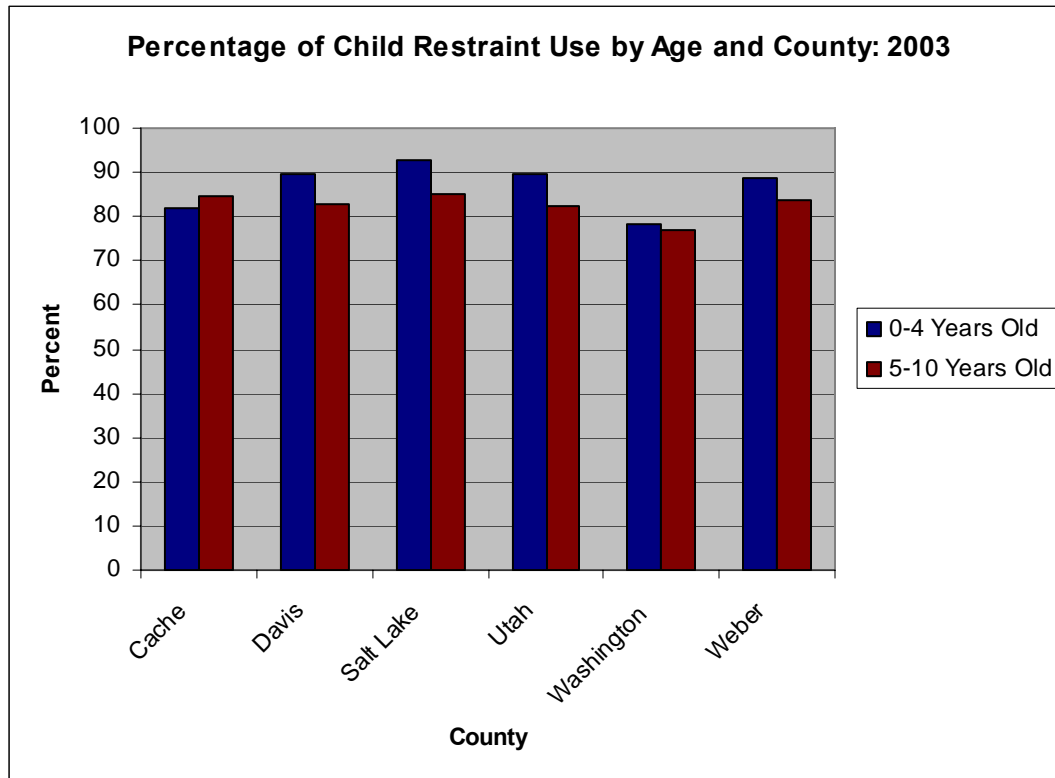


Table 7 utilizes NHTSA data to illustrate the number of unrestrained child deaths that occurred in the year 2001.<sup>14</sup> Table 7

also illustrates how many more lives might be saved if 100% of parents used child restraints 100% of the time.

**Table 7.**

Child Restraints (Includes Child Seats & Belts)	Passenger Vehicle Occupant Deaths (age <5)				Current Lives Saved	Savable at 100%
	Total	Restrained	Unrestrained	Unknown		
Utah	7	2	5	0	3	6

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4. Healthy People 2010 Database. *National Center for Health Statistics and Division of Health Promotion Statistics; Centers for Disease Control and Prevention*. Available at: <http://wonder.cdc.gov/data2010/obj.htm>. Accessed November 10, 2003.
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7. Bernstein E, Pathak D, Rutledge L, Demarest G. New Mexico safety restraint law: changing patterns of motor vehicle injury, severity, and cost. *American Journal of Emergency Medicine*. May 1989 1989;7(3):271-277.
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10. Glass RJS-G, Maria Graham, John D. Child Passenger Safety: Decisions about Seating Location, Airbag Exposure, and Restraint Use. *Risk Analysis: An Official Publication of the Society for Risk Analysis*. 2000/08// 2000;20(4):521.
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14. Utah, Toll of Motor Vehicle Crashes 2001. *National Highway Traffic Safety Administration*. Available at: [http://www.nhtsa.dot.gov/stsi/State\\_Info.cfm?Year=2001&State=UT](http://www.nhtsa.dot.gov/stsi/State_Info.cfm?Year=2001&State=UT). Accessed November 18, 2003.

# Child Restraint Action Steps

The following action items describe child restraint activities currently underway in Utah. Listed within parentheses are federal, state, and local agencies that are in some manner addressing the specific action item:

## Objectives:

1. Increase child restraint use by motor vehicle occupants aged 4 years and under to 100% by 2010.
2. Reduce deaths from motor vehicle crashes to 14 per 100,000 population by 2010.
3. Reduce nonfatal injuries caused by motor vehicle crashes to 933 per 100,000 population by 2010.

## Action Steps:

### 1. Education and awareness

- a. *Seminars and conferences to increase child restraint awareness*  
(Crash Outcome Data Evaluation System; Law Enforcement Agencies/Fire Departments; Primary Children's Medical Center; Salt Lake Junior League; Salt Lake Valley Health Department; Utah Department of Public Safety; Utah Highway Patrol; Utah Minority Community Information and Education Center; Safe Kids Utah; Weber-Morgan Health Department)
- b. *Public awareness campaigns to increase child restraint awareness, especially for targeted or higher-risk populations*  
(Law Enforcement Agencies/Fire Departments; Primary Children's Medical Center; Salt Lake Junior League; State and Local Health Departments; Utah Department of Public Safety; Utah Minority Community Information and Education Center; Utah Safety Council)
- c. *Provide specific classes or courses that include use of child restraints*  
(Davis County Health Department; Primary Children's Medical Center; Salt Lake Valley Health Department; Utah Department of Public Safety; Utah Highway Patrol; Safe Kids Utah; Utah Safety Council; Weber-Morgan Health Department)
- d. *Provide printed and other mediums of public announcements and information (via radio, television, Internet) to educate the public on proper child restraint use*  
(American Automobile Association; Crash Outcome Data Evaluation System; Primary Children's Medical Center; State and Local Health Departments; Utah Department of Public Safety; Utah Highway Patrol; Utah Minority Community Information and Education Center; Safe Kids Utah; Utah Safety Council)

### 2. Legislative support

- a. *Seek legislative support for resources that promote proper child restraint use*  
(American Automobile Association; Coalition for Utah Traffic Safety; Crash Outcome Data Evaluation System; Primary Children's Medical Center)

### **3. Behavioral support**

- a. *Provide car seat programs for the community that include restraint installation and education to increase proper placement and use of child restraints*  
(American Automobile Association; Primary Children's Medical Center; State and Local Health Departments; Utah Department of Public Safety)
- b. *Provide to the public a visual representation of vehicle crash outcomes when child restraints aren't used*  
(Primary Children's Medical Center; Utah Highway Patrol; Weber-Morgan Health Department)
- c. *Provide programs or activities that encourage use of child restraints*  
(Law Enforcement Agencies/Fire Departments; Primary Children's Medical Center; State and Local Health Departments; Utah Department of Public Safety; Utah Highway Patrol; Utah Minority Community Information and Education Center; Safe Kids Utah; Utah Safety Council)
- d. *Inspection and checkpoint services to assess proper placement of child restraints*  
(American Automobile Association; Law Enforcement Agencies/Fire Departments; Primary Children's Medical Center; State and Local Health Departments; Utah Department of Public Safety; Utah Safety Council)

### **4. Law Enforcement**

- a. *Enforce child restraint laws*  
(Law Enforcement Agencies/Fire Departments; Utah Department of Public Safety; Utah Highway Patrol)

### **5. Surveys and assessments of child restraint use and proper placement**

- a. *Support the gathering of child restraint information for data collection and assessment*  
(Crash Outcome Data Evaluation System; Primary Children's Medical Center; Utah Department of Public Safety; Safe Kids Utah)

### **6. Provide funding**

- a. *Seek and provide funding for awareness and education*  
(Coalition for Utah Traffic Safety; Primary Children's Medical Center; State and Local Health Departments; Utah Department of Public Safety; Safe Kids Utah)

### **7. Future objective**

- a. *Support data collection and analysis for child restraints*  
(Crash Outcome Data Evaluation System)

- b. *Use social marketing principles to encourage proper use of child restraints*  
(Primary Children's Medical Center; State and Local Health Departments; Utah Department of Public Safety; Safe Kids Utah)
- c. *Continue building a network of resources working to support proper child restraint use*  
(Coalition for Utah Traffic Safety; Crash Outcome Data Evaluation System; Davis County Health Department; Primary Children's Medical Center; Salt Lake Valley Health Department; Utah Department of Public Safety; Safe Kids Utah; Weber-Morgan Health Department)

## Resource List

### **American Automobile Association**

Support Buckle up Down the Wasatch Campaign; car seat inspection and distribution; media campaigns and literature distribution for safety; legislative support.

*AAA Utah*

*560 East 500 South*

*SLC, UT 84102*

*Phone: (801) 364-5615*

<http://www.csaa.com/home/>

### **Coalition for Utah Traffic Safety**

Legislation activities; provide funding for training; network with government, private, non-profit, and for-profit agencies.

*CUTS*

*560 East 500 South*

*SLC, UT 84108*

*Phone: (801) 364-5615*

<http://highwaysafety.utah.gov>

### **Crash Outcome Data Evaluation System**

Serve as a data resource; provide annual fact sheets and crash summaries; provide legislative support.

*CODES*

*Intermountain Injury Control Research Center*

*University of Utah*

*615 Arapleen Drive, Suite 202*

*Salt Lake City, UT 84108*

*Phone: (801) 581-6410*

<http://www.utcodes.org/>

### **Law Enforcement Agencies/Fire Departments**

Participate in car seat checkpoints; community outreach, education and awareness; safety presentations; safety fairs.

<http://www.the911site.com/911pd/utah.shtml>

### **Local Health Departments**

Provide car seat education throughout the state through individual car seat appointments, health fairs, and car seat checkpoints; provide mini-grants to other organizations such as WIC, Head Start, and Community Action Centers; provide car seat trainings and resources to community organizations that serve low-income and minority populations; distribute car seats to low income families; collaborate with business partners, SAFE KIDS Coalitions, public safety agencies, etc.

*Bear River Health Department*

655 East 1300 North  
Logan, UT 84341  
Phone: (435) 792-6500  
<http://www.brhd.org/>

Central Utah Public Health Department  
70 Westview Drive  
Richfield, UT 84701  
Phone: (435) 896-5451  
<http://www.centralutahhealth.com/>

Davis County Health Department  
P.O. Box 618  
Farmington, UT 84025  
Phone: (801) 451-3586  
[http://health.utah.gov/lhd/html/davis\\_county\\_health\\_department.html](http://health.utah.gov/lhd/html/davis_county_health_department.html)

Salt Lake Valley Health Department  
Injury Prevention Program  
788 East Woodoak Lane, Suite 140  
Murray, UT 84107  
Phone: (801) 313-6605  
<http://www.slvhealth.org/>

Southeastern Utah District Health Department  
P.O. Box 800  
Price, UT 84501  
Phone: (435) 637-3671  
[http://health.utah.gov/lhd/html/southeastern\\_utah\\_district\\_hda.html](http://health.utah.gov/lhd/html/southeastern_utah_district_hda.html)

Southwest Utah Public Health Department  
168 North 100 East  
St. George, UT 84770  
Phone: (435) 673-3528  
[http://health.utah.gov/lhd/html/southeastern\\_utah\\_district\\_hda.html](http://health.utah.gov/lhd/html/southeastern_utah_district_hda.html)

Summit County Public Health Department  
6505 North Landmark Drive, #300  
Park City, UT 84098  
Phone: (435) 615-3910  
<http://www.co.summit.ut.us/services/office/health.html>

Tooele County Health Department  
151 North Main Street  
Tooele, UT 84074  
Phone: (435) 843-2300  
<http://www.tooelehealth.org/>

TriCounty Health Department  
147 East Main Street  
Vernal, UT 84078  
Phone: (435) 781-5475  
<http://www.tricountyhealth.com/>

*Utah County Health Department*

*151 South University Avenue #2700*

*Provo, UT 84601*

*Phone: (801) 851-7095*

*<http://www.co.utah.ut.us/Dept/Health/index.asp>*

*Wasatch County Health Department*

*55 South 500 East*

*Heber City, UT 84032*

*Phone: (435) 654-2700*

*[http://health.utah.gov/lhd/html/wasatch\\_city-county\\_health\\_dep.html](http://health.utah.gov/lhd/html/wasatch_city-county_health_dep.html)*

*Weber-Morgan Health Department*

*2380 Washington Boulevard #70*

*Ogden, UT 84401*

*Phone: (801) 399-8161*

*<http://www.co.Weber.ut.us/healthdept/>*

**Primary Children's Medical Center**

Permanent inspection station for child restraint education and installation; car seat distribution at patient discharge; voucher program for distribution of free car seats; low income car seat distribution; parenting hotline (588-CARS); special needs car seat program; Child Passenger Safety Road Show; Hold Onto Dear Life campaign; TV/radio announcements about seatbelt and car seat use; child safety information at new employee orientation; public education brochures; healthcare provider outreach.

*100 North Medical Drive*

*SLC, UT 84113*

*Phone: (801) 588-3683*

*<http://www.ihc.com/xp/ihc/primary>*

**Salt Lake Junior League**

Organize and direct the annual three-day C.A.R.E. Fair for families needing routine medical services and community assistance information.

*526 East 300 South*

*Salt Lake City, UT 84102*

*Phone: (801) 328-1019*

*<http://www.jlslc.org/>*

**Utah Department of Public Safety**

National Highway Traffic Safety Administration (NHTSA) child passenger safety training; Operation Kids training for law enforcement; provide funding for Buckled or Busted Campaign; fund seatbelt and car seat observation for Utah Department of Health; fund 12 permanent fitting stations; fund car seat giveaway for low income families; fund 20 SAFE KIDS Communities; 15 car seat checkpoints; fund portion of SAFE KIDS Coalition position at the Utah Department of Health; Buckle Up for Love Program; Child Passenger Safety Awareness Week; Moving Kids Safely in Childcare program; Boost then Buckle Campaign; distribution of educational materials.

*Utah Highway Safety Office*

*5263 S. Commerce Dr, Suite 202*

*Salt Lake City, UT 84107*

*Phone: (801) 293-2480*

*<http://highwaysafety.utah.gov/>*



**Utah Highway Patrol**

Public and community outreach, presentations, and Safety Fairs; elementary school education; "Rollover" and "Convincer" crash demonstrations; car seat checkpoints.

*P.O. Box 141775*

*Salt Lake City, UT 84114*

*Phone: (801) 965-4518*

<http://www.highwaypatrol.utah.gov>

<http://www.utahtrooper.com/>

**Utah Minority Community Information and Education Center**

Distribute 92,000 newsletters to Spanish-speaking community; weekly radio/TV announcements; collaborate with other Spanish communities and local health departments.

*353 East 200 South, Ste 201*

*SLC, UT 84111*

*Phone: (801) 538-3400*

**Safe Kids Utah**

Provide newsletter twice a year to hospitals, schools, medical offices, daycare providers, and local health departments (54,000 copies in English, 8,000 in Spanish); SAFE KIDS Week raises funding for media and safety products; local health departments and chapters hold annual Safety Fair targeting parent safety education; media and public awareness (radio, TV, public service announcements, press releases); provide education to communities upon request; 'Train the Trainer' one-hour child passenger safety class; all local health departments have a Safe Kids Chapter for child passenger safety efforts.

*Utah Department of Health*

*P.O. Box 142106*

*Salt Lake City, UT 84114*

*Phone: (801) 538-6852*

<http://www.safekids.org/>

**Utah Safety Council**

Buckle Up for Love Program 1-800-887-KIDS; video library; employer traffic safety program; safety seat inspections; distribution of education materials.

*5263 South 300 West, Suite 201*

*Salt Lake City, UT 84107*

*Phone: (801) 262-5400*

*Toll Free: (800) 933-5943*

<http://www.utahsafetycouncil.org>

# Sexual Violence



## Background Information and Current Data

### Definition of Sexual Violence

Sexual violence is a sex act completed or attempted against a victim's will or when a victim is unable to consent due to age, illness, disability, or the influence of alcohol or other drugs. It may involve actual or threatened physical force, use of guns or other weapons, coercion, intimidation, or pressure.

Sexual violence also includes intentional touching of the genitals, anus, groin, or breast against a victim's will or when a victim is unable to consent; and voyeurism, exposure to exhibitionism, or undesired exposure to pornography. The perpetrator of sexual violence may be a stranger, friend, family member, or intimate partner.<sup>1</sup>

## Facts Regarding Sexual Violence

The following information was collected by the Centers for Disease Control and Prevention (CDC). References associated with this information are listed at the end of this section.<sup>1</sup>

### Occurrence of Sexual Violence

- The National Violence Against Women Survey found that 1 in 6 women and 1 in 33 men in the United States have experienced an attempted or completed rape at some time in their lives.<sup>15</sup>
- More than half of all rapes of women occur before age 18; 22% occur before age 12.<sup>15</sup>
- According to the National Crime Victimization Survey, more than 260,000 rapes or sexual assaults occurred in 2000; 246,180 occurred among females, 14,770 among males.<sup>16</sup>
- The National College Women Sexual Victimization Study estimated that between 1 in 4 and 1 in 5 college women experience completed or attempted rape during their college years.<sup>9</sup>
- Fewer than half (48%) of all rapes and sexual assaults are reported to the police.<sup>16</sup>
- According to the 2003 Youth Risk Behavior Surveillance System, a national survey of high school students, 7.7% of students had been forced to have sexual intercourse when they did not want to.<sup>7</sup>

- In 2000, nearly 88,000 children in the United States experienced sexual abuse.<sup>6</sup>

### **Groups at Risk of Sexual Violence**

- A recent National Crime Victimization Survey found that women were 16 times more likely than men to experience rape or sexual assault.<sup>16</sup>
- Females ages 12 to 24 are at the greatest risk of experiencing rape or sexual assault.<sup>16</sup>
- Most perpetrators know their victims. According to the 2000 National Crime Victimization Survey, 62% of rape and sexual assault victims knew the perpetrator. More than 40% of female rapes and sexual assaults were perpetrated by a person the female victim called a friend or acquaintance. Female victims identified intimate partners as the perpetrator in 18% of rapes and sexual assaults.<sup>16</sup>

### **Consequences of Sexual Violence**

- Sexual violence is associated with a host of short- and long-term problems, including physical injury and illness, psychological symptoms, economic costs, and death.<sup>13</sup>

- Rape victims often experience anxiety, guilt, nervousness, phobias, substance abuse, sleep disturbances, depression, alienation, sexual dysfunction and aggression. They often distrust others and replay the assault in their minds, and they are at increased risk of future victimization.<sup>8</sup>
- A number of long-lasting symptoms and illnesses have been associated with sexual victimization, including: chronic pelvic pain; premenstrual syndrome; gastrointestinal disorders; and a variety of chronic pain disorders, including headache, back pain, and facial pain.<sup>11</sup>
- Between 4% and 30% of rape victims contract sexually transmitted diseases as a result of the victimization.<sup>14</sup>

### **Healthy People 2010 Objectives**

The Healthy People 2010 objectives promote reductions in attempted and completed sexual violence. The numbers of attempted and completed instances are reported as 1,000 people per year.

Table 1 compares Healthy People 2010 objectives with incidents reported in Utah.<sup>2</sup> Concerted efforts by states and private organizations will be needed to meet these goals.

**Table 1.**

**Healthy People 2010**

<b>Objective</b>	<b>Baseline Year (1998)</b>	<b>2001</b>	<b>2010 Goal</b>
Rape or attempted rape (per 1,000 population, aged 12 years and over) National	0.8*‡	0.7*‡	0.7
Rape (per 1,000 population) Utah	0.41†	0.39†	0.7
Sexual assault other than rape (per 1,000 population, aged 12 years and over) National	0.6*	0.5*	0.4

*\* National figures are based on a household survey. The survey includes incidents that may or may not have been reported to police.*

*† Utah figures are based on reports to police and most likely underestimate true rates of sexual violence in Utah.*

*‡ Reported rates per 1,000.*

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## National Trends Related to Sexual Assault and Rape

Tables 2, 3, and 4 provide a detailed picture related to sexual violence collected from a national survey conducted by the United States Bureau of Justice.<sup>3</sup>

**Table 2.**  
**Rapes and Sexual Assaults, by Victim's Gender: 1992 - 2000**

	Completed Rape		Attempted Rape		Sexual Assault	
	Number	Percent	Number	Percent	Percent	Number
<b>Male</b>	9,040	6	10,270	9	9	17,130
<b>Female</b>	131,950	94	98,970	91	91	135,550

**Table 3.**  
**Injuries Sustained by Female Rape and Sexual Assault Victims: 1992 - 2000**

	Completed Rape		Attempted Rape		Sexual Assault	
	Number	Percent	Number	Percent	Number	Percent
<b>Total</b>	131,950	100	98,970	100	135,550	100
<b>Not Injured</b>			60,010	61	112,520	83
<b>Injured</b>	131,950	100	38,960	39	23,020	17
<b>Serious Injury</b>	7,180	5	2,540*	3	1,220*	1
<b>Minor Injury</b>	42,630	33	25,450	26	12,390	9
<b>Undetermined Injury</b>	81,140	61	10,730	11	8,590	6

\* Based on 10 or fewer sample cases and is not a reliable estimate.

**Table 4.**  
**Medical Treatment Received by Female Rape/Sexual Assault Victims: 1992 - 2000**

Treatment Received	Completed Rape		Attempted Rape		Sexual Assault	
	Number	Percent	Number	Percent	Percent	Number
<b>Total Injured</b>	131,950	100	38,960	100	100	23,020
<b>Treated</b>	42,230	32	12,490	32	32	6,250
<b>Scene/home</b>	10,050	8	4,860	12	12	1,280*
<b>Doctor's Office or Clinic</b>	8,640	7	1,400*	4	4	1,930*
<b>Hospital, not Admitted</b>	20,410	15	5,510	14	14	1,530*
<b>Hospital, Admitted</b>	2,590*	2	720*	2	2	580*
<b>Other Location</b>	540*	---	0	0	0	930*

\* Based on 10 or fewer sample cases and is not a reliable estimate.

## Reported Sexual Violence Trends in Utah

Figure 1 represents yearly reported rates (reported to and substantiated by law enforcement) of rape in Utah from 1990 to 2002.<sup>4</sup>

## Dating Violence

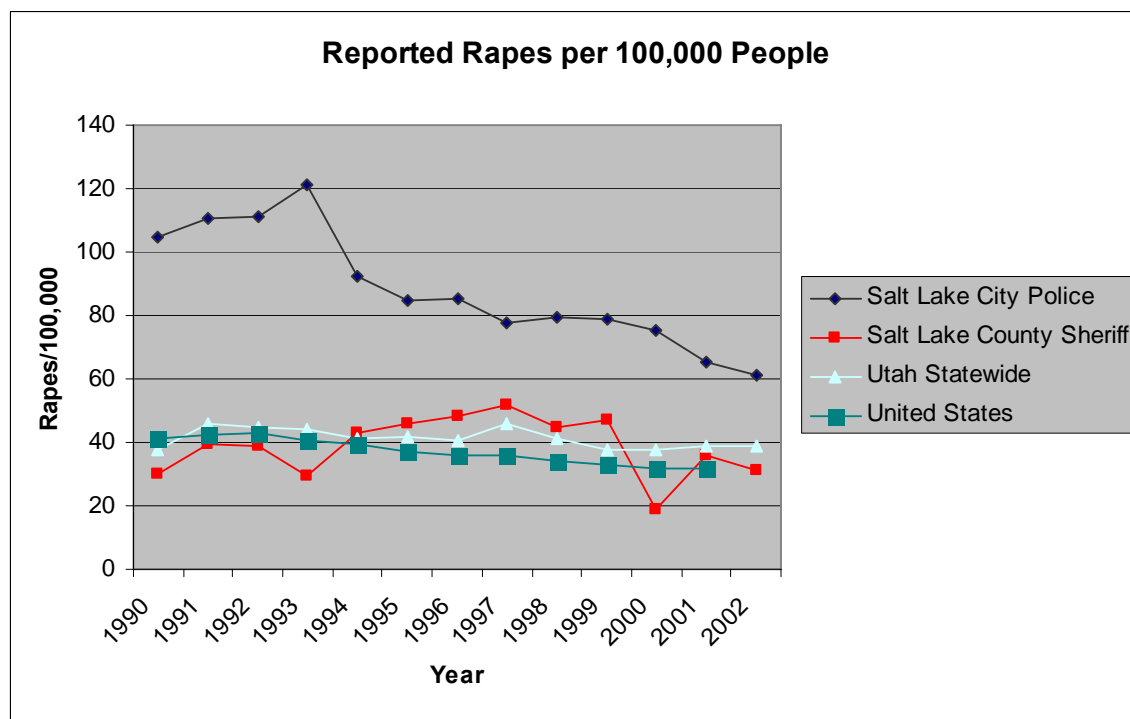
An often-overlooked topic directly relating to sexual violence is dating violence. Although there are no official counts of dating violence within Utah, national figures suggest this is an under-reported problem across the country. Utah, having a large younger population, may demonstrate a potential for a

significant frequency of dating violence. The following definition and facts regarding dating violence are provided by the Centers for Disease Control and Prevention (CDC). References associated with this information are listed at the end of this section.<sup>5</sup>

## Definition of Dating Violence

Dating violence may be defined as the perpetration or threat of an act of violence by at least one member of an unmarried couple on the other member within the context of dating or courtship. This violence encompasses any form of sexual assault, physical violence, and verbal or emotional abuse.<sup>5</sup>

**Figure 1.**



## **Occurrence of Dating Violence**

Violent behavior that takes place in a context of dating or courtship is not a rare event. Estimates vary because studies and surveys use different methods and definitions of the problem.

- Summarizing many studies, the average prevalence rate for reported nonsexual dating violence is 22% among male and female high school students and 32% among college students. Females are somewhat more likely than males to report being victims of violence.<sup>17</sup>
- Data from a study of 8th and 9th grade male and female students indicated that 25% had been victims of nonsexual dating violence and 8% had been victims of sexual dating violence.<sup>18</sup>
- Over half of a representative sample of more than 1,000 female students at a large urban university had experienced some form of unwanted sex. 12% of these acts were perpetrated by casual dates and 43% by steady dating partners.<sup>24</sup>

## **Characteristics of Victims Experiencing Dating Violence**

- The likelihood of becoming a victim of dating violence is associated with having female peers who have been sexually victimized,<sup>32</sup> lower church attendance,<sup>33</sup> greater number of past dating partners,<sup>27</sup> acceptance of dating violence,<sup>27</sup> and personally having experienced a previous sexual assault.<sup>34</sup>

## **Characteristics of Dating Violence Perpetrators**

- Studies have found the following to be associated with dating violence perpetration: the male having sexually aggressive peers;<sup>34-38</sup> heavy alcohol or drug use;<sup>39,40</sup> the male's acceptance of dating violence,<sup>27</sup> the male's assumption of key roles in dating; miscommunication about sex; previous sexual intimacy with the victim; interpersonal violence, traditional sex roles, adversarial attitudes about relationships, and rape myths.<sup>39,40</sup>
- Men who have a family history of observing or experiencing abuse are more likely to inflict abuse, violence, and sexual aggression.<sup>32</sup>

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# Sexual Violence Prevention, Action, and Services

The following action items describe sexual violence prevention, action, and services currently underway in Utah. Listed within parentheses are federal, state, and local agencies that in some manner are addressing the specific action item.

## **Objectives:**

1. Reduce incidences of rape in Utah to 97.0 per 100,000 women ages 15 years and older by 2010.
2. Reduce the annual rate of rape or attempted rape to 70 per 100,000 persons aged 12 years and older by 2010.
3. Reduce sexual assault other than rape to 40 per 100,000 persons aged 12 years and older by 2010.

## **Action Steps:**

### **1. Sexual violence prevention and intervention**

- a. *Implement proactive policies and interventions targeting the community in relation to sexual violence*  
(Center for Safe and Healthy Families at Primary Children's Medical Center; Office of the Attorney General; Planned Parenthood Association of Utah; Utah Coalition Against Sexual Assault; Utah Department of Corrections; Utah Rape Recovery/Crisis Centers; Utah Sexual Violence Council; Violence and Injury Prevention Program)

### **2. Education and training about sexual violence**

- a. *Educate to prevent, recognize and intervene in relation to sexual violence issues (in a targeted community, such as schools or the community at large).*  
(Center for Safe and Healthy Families at Primary Children's Medical Center; Office of the Attorney General; Planned Parenthood Association of Utah; Sexual Assault Nurse Examiners; Utah Coalition Against Sexual Assault; Utah Rape Recovery/Crisis Centers; Utah Sexual Violence Council; Violence and Injury Prevention Program)
- b. *Provide conferences to educate about sexual violence for those serving the community*  
(Utah Coalition Against Sexual Assault; Utah Rape Recovery/Crisis Centers; Violence and Injury Prevention Program)
- c. *Provide training for peers, agencies and/or professionals serving the community about sexual violence (e.g., resident assistants at colleges and universities, medical students, sexual assault nurse examiners, emergency medical services personnel, etc.)*  
(Center for Safe and Healthy Families at Primary Children's Medical Center; Department of Public Safety; Office of the Attorney General; Planned Parenthood Association of Utah; Sexual Assault Nurse Examiners; Utah Coalition Against Sexual Assault; Utah Department of Corrections; Utah Rape Recovery/Crisis Centers; Utah Sexual Violence Council; Violence and Injury Prevention Program)

### 3. Sexual violence interventions.

- a. *Serve as a resource for prevention information, referrals, and/or treatment for sexual violence*  
(Center for Safe and Healthy Families at Primary Children's Medical Center; Department of Public Safety; Office of the Attorney General; Planned Parenthood Association of Utah; Sexual Assault Nurse Examiners; Utah Coalition Against Sexual Assault; Utah Department of Corrections; Utah Department of Human Services; Utah Rape Recovery/Crisis Centers; Utah Sexual Violence Council; Violence and Injury Prevention Program)
- b. *Serve as a resource for crisis information, referrals, and/or treatment for sexual violence*  
(Department of Public Safety; Planned Parenthood Association of Utah; Utah Coalition Against Sexual Assault; Utah Rape Recovery/Crisis Centers; Violence and Injury Prevention Program)
- c. *Provide educational materials (print, Internet, video, audio) relating to sexual violence*  
(Office of the Attorney General; Planned Parenthood Association of Utah; Utah Coalition Against Sexual Assault; Utah Rape Recovery/Crisis Centers)
- d. *Support programs that provide additional interventions (not directly related to sexual violence prevention) that impact sexual violence, such as substance abuse/alcohol treatment, Safe and Drug Free Schools, etc.*  
(Department of Public Safety; Office of the Attorney General; Planned Parenthood Association of Utah; Sexual Assault Nurse Examiners; Utah Department of Corrections; Utah Rape Recovery/Crisis Centers; Violence and Injury Prevention Program)
- e. *Support existing and develop future programs that assess and address groups with higher rates or potential risk for sexual violence*  
(Planned Parenthood Association of Utah; Utah Coalition Against Sexual Assault; Utah Rape Recovery/Crisis Centers; Utah Sexual Violence Council; Violence and Injury Prevention Program)
- f. *Provide and/or support crisis phone lines for victims*  
(Department of Public Safety; Utah Rape Recovery/Crisis Centers; Violence and Injury Prevention Program)
- g. *Provide case management for sexual violence victims*  
(Crime Victim Reparations; Planned Parenthood Association of Utah; Utah Department of Corrections)
- h. *Provide individual and/or group counseling for victims and/or family*  
(Center for Safe and Healthy Families at Primary Children's Medical Center; Department of Public Safety; Utah Department of Corrections; Utah Rape Recovery/Crisis Centers)

- i. *Provide medical assessment, treatment and/or management to sexual violence victims*  
(Center for Safe and Healthy Families at Primary Children's Medical Center; Disability Law Center; Planned Parenthood Association of Utah; Sexual Assault Nurse Examiners; Utah Coalition Against Sexual Assault; Utah Rape Recovery/Crisis Centers; Utah Sexual Violence Council)

#### **4. Sexual violence legislation, law, law enforcement, and government-related support**

- a. *Provide education about sexual violence to the state legislature*  
(Utah Coalition Against Sexual Assault)
- b. *Initiate and/or support investigation, including interviewing, of possible sexual violence cases*  
(Children's Justice Centers; Sexual Assault Nurse Examiners; Utah Department of Corrections; Utah Department of Human Services; Utah Rape Recovery/Crisis Centers)
- c. *Provide training to law enforcement using Peace Officer Standards and Training (POST) and sex crime investigation training*  
(Department of Public Safety)
- d. *Support multi-disciplinary meetings and management of sexual violence cases*  
(Children's Justice Centers; Utah Coalition Against Sexual Assault; Utah Rape Recovery/Crisis Centers; Utah Sexual Violence Council)
- e. *Aid with general legal representation for victims*  
(Crime Victim Reparations; Department of Public Safety; Disability Law Center; Utah Department of Human Services)
- f. *Aid with legal representation for children*  
(Guardian ad Litem)
- g. *Provide reparation for victims of crime*  
(Crime Victim Reparations; Department of Public Safety; Utah Department of Human Services)
- h. *Aid with prosecution of offenders*  
(Department of Public Safety; Disability Law Center; Office of the Attorney General)
- i. *Support Victim Identification and Notification Everyday (VINE) service. The Utah VINE Program allows crime victims, as well as other members of the community, access to inmate information.*  
(Utah Department of Corrections)
- j. *Support and enforce a Sex Offender Registry*  
(Utah Department of Corrections)

**5. Sexual violence and social capital (i.e., organizations working collaboratively to accomplish goals of mutual social benefit)**

- a. *Collaborate and coordinate resources for sexual violence intervention and prevention*  
(Center for Safe and Healthy Families at Primary Children's Medical Center; Children's Justice Centers; Department of Public Safety; Disability Law Center; Office of the Attorney General; Planned Parenthood Association of Utah; Sexual Assault Nurse Examiners; Utah Coalition Against Sexual Assault; Utah Department of Corrections; Utah Department of Human Services; Utah Rape Recovery/Crisis Centers; Utah Sexual Violence Council; Violence and Injury Prevention Program)
- b. *Create coalitions that improve community outreach and trust such as neighborhood and organizational coalitions that address sexual violence*  
(Children's Justice Centers; Disability Law Center; Planned Parenthood Association of Utah; Utah Coalition Against Sexual Assault; Utah Rape Recovery/Crisis Centers; Utah Sexual Violence Council; Violence and Injury Prevention Program)
- c. *Disseminate information to the public and those invested in sexual violence interventions*  
(Center for Safe and Healthy Families at Primary Children's Medical Center; Department of Public Safety; Planned Parenthood Association of Utah; Sexual Assault Nurse Examiners; Utah Coalition Against Sexual Assault; Utah Department of Corrections; Utah Department of Human Services; Utah Rape Recovery/Crisis Centers; Utah Sexual Violence Council; Violence and Injury Prevention Program)

## Resource List

### **Center for Safe and Healthy Families at Primary Children's Medical Center**

Provide therapy for child victims, child perpetrators, and families; medical examinations; oversee Children's Justice Center nurses; crisis medical evaluations; education, prevention, and training.

100 North Medical Drive

SLC, UT 84113

Phone: (801) 588-3650

<http://www.ihc.com/xp/ihc/primary>

### **Children's Justice Centers**

There are 15 justice centers in the state where child victims can be interviewed in a safe, child-friendly environment. The centers help coordinate investigation and prosecution of child sex abuse cases. They also provide referral services to victims' families, crisis intervention, advocacy, and referral services.

<http://www.cjcslc.org/links.html>

<http://attorneygeneral.utah.gov/childjuscntrloc.html#data>

### **Crime Victim Reparations**

Distribute federally funded money to crime victims; administration of funding from federal government to victim service programs; case management.

350 East 500 South, Ste 200

Salt Lake City, UT 84111

Phone: (801) 238-2367

<http://www.crimevictim.utah.gov/>

**Department of Public Safety**

Peace Officer Standards and Training (POST); provide yearly sex crime investigation training; victim advocate programs; crisis intervention; court advocacy; crisis line; referrals for treatment; victim support and education; crime lab for forensic evidence analysis.

*4501 South 2700 West*

*Salt Lake City, UT 84114*

*Phone: (801) 965-4461*

*Toll Free: (800) 222-0038*

<http://www.publicsafety.utah.gov/>

### **Disability Law Center**

Survivor focus groups; representation of abuse victims and alleged perpetrators.

*205 North 400 West*

*Salt Lake City, UT 84103*

*Phone: (801) 363-1347 or 1-800-662-9080*

<http://www.disabilitylawcenter.org/>

### **Guardian ad Litem**

Legal representation for children; CASA (Court Appointed Special Advocate) attorneys; prosecution.

*450 S State Street*

*P.O. Box 140241*

*Salt Lake City, UT 84114*

*Phone: (801) 578-3848*

<http://www.utcourts.gov/courts/juv/>

### **Office of the Attorney General**

Dating Violence Program is designed to help teens and parents become more aware of inappropriate behavior in dating relationships.

*Utah State Capitol Office*

*236 State Capitol*

*Salt Lake City, UT 84114*

*Phone: (801) 366-0300 or (800) AG 4 INFO (244-4636)*

<http://attorneygeneral.utah.gov>

### **Planned Parenthood Association of Utah**

Provide medical evaluations; education; emergency contraception; crisis intervention; referrals; network with other agencies.

*1-800-230-PLAN*

<http://plannedparenthood.org/utah/index.asp>

### **Sexual Assault Nurse Examiners**

Forensic evidence collection; medical examination; provide training for Sexual Assault Nurse Examiner (SANE) nurses; establish Sexual Assault Response Team (SART) programs. The Sexual Assault Resource Service (SARS) is a hospital-based SANE program that works within the SART model. SARS has conducted research on sexual assault impact and treatment efficacy, evidence collection, as well as program process and outcome research.

<http://www.sane-sart.com/>

### **Utah Coalition Against Sexual Assault**

UCASA advocates for programs that support people affected by sexual violence; provide leadership, vision, and resources to rape crisis centers, individuals, and other entities committed to ending sexual violence by way of advocacy, training, and technical assistance; provide professionals the opportunity to complete 40 hours of rape crisis advocacy training; provide support for evaluation, development and research to direct service providers; collect information from advocates about court cases and judicial decisions. Programs include: Rape Crisis Program, Sexual Assault Response Team; Support SANE/SAFE programs; Utah Men Against Sexual Violence.

*284 West 400 North*

*Salt Lake City, UT 84103*  
*Phone: (801) 746-0404*  
<http://www.ucasa.org/home.html>

#### **Utah Department of Corrections**

Victim Identification and Notification Everyday (VINE) service; intervention and perpetrator treatment; intervention for victims; Sex Offender Registry.

*14717 S Minuteman Dr*  
*Draper, UT 84020*  
*Phone: (801) 545-5500*  
<http://www.cr.ex.state.ut.us>

#### **Utah Department of Human Services**

Training through UCASA; crime victim reparation; Utah Victim Assistants Academy for rape crisis intervention; investigation of claims for children, elderly, disabled.

*Executive Director's Office*  
*120 North 200 West, Room 319*  
*Salt Lake City, UT 84103*  
*Phone: (801) 538-4001*  
<http://www.dhs.state.ut.us>

#### **Utah Rape Recovery/Crisis Centers**

40-hour volunteer training education; provide health fairs; education; individual and group counseling; hospital response team; 24 hour hotline.

*2035 South 1300 East*  
*Salt Lake City, UT 84105*  
*Phone: (801) 467-7282*  
*24 Hour Crisis and Information Line: (801) 467-7273*  
*24 Hour Toll Free Statewide Line: 1-888-421-1100*  
[www.raperecoverycenter.org](http://www.raperecoverycenter.org)

#### **Utah Sexual Violence Council**

Develop statewide strategic plan on sexual violence that is a collaborative effort involving many agencies; improve best practices and protocols for 25 different agencies.

*284 West 400 North*  
*Salt Lake City UT 84103*  
*Phone: (801) 746-0404*  
<http://www.udvac.state.ut.us/>

#### **Violence and Injury Prevention Program**

Rape and dating violence prevention; provide funding for Utah Sexual Violence Council; provide health care trainings for hospitals and clinics; provide funding for 24-hour sexual assault and rape crisis information line.

*Utah Department of Health*  
*P.O. Box 142106*  
*Salt Lake City, UT 84114-2106*  
*Phone: (801) 538-6864*  
*24-hour crisis line: (888) 421-1100*  
<http://www.health.utah.gov/vipp/>

# Intimate Partner Violence



## Background Information and Current Data

### What is Intimate Partner Violence?

Intimate partner violence—or IPV—is defined as actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former dating partner. Intimate partners may be heterosexual or of the same sex. Some of the common terms used to describe intimate partner violence are domestic abuse, spouse abuse, domestic violence, courtship violence, battering, marital rape, and date rape.<sup>1</sup> For purposes of this report, most issues related to child abuse are reported in the “Child Maltreatment” section.

### Facts about IPV in the United States

The Centers for Disease Control and Prevention (CDC) uses the term “intimate partner violence” to describe all violence that occurs within intimate

relationships, and this is the focus of the following information. The references cited in the following information provided by the CDC are listed at the end of the section.<sup>1</sup>

### Occurrence of IPV

- Approximately 1.5 million women and 834,700 men are raped and/or physically assaulted by an intimate partner each year.<sup>18</sup>
- Nearly two-thirds of women who report being raped, physically assaulted, or stalked at some time since age 18 were victimized by a current or former husband, cohabiting partner, boyfriend, or date.<sup>18</sup>
- Among women who are physically assaulted or raped by an intimate partner, one in three is injured. Each year, more than 500,000 women injured as a result of IPV require medical treatment.<sup>18</sup>
- As many as 324,000 women each year experience IPV during their pregnancy.<sup>11</sup>

### Health Consequences of IPV

- Intimate partner violence is associated with significant substantial short and long-term consequences, including physical injury and illness, psychological symptoms, economic costs, and death.<sup>13</sup>
- Each year, thousands of children witness IPV within their families. Witnessing violence is a risk factor



for long-term physical and mental health problems, including alcohol and substance abuse, being a victim of abuse, and perpetrating IPV.<sup>10</sup>

- The health care costs of intimate partner rape, physical assault, and stalking exceed \$5.8 billion each year, nearly \$4.1 billion of which is for direct medical and/or mental health care services.<sup>8</sup>

### **Groups at Risk of IPV**

- More women than men experience intimate partner violence. According to the National Violence against Women Survey, 1 out of 4 U.S. women has been physically assaulted and/or raped by an intimate partner; 1 out of every 14 U.S. men reported such an experience.<sup>18</sup>
- Nearly one-third of African-American women experience IPV in their lifetimes compared with one-fourth of white women.<sup>19</sup>
- The National Criminal Victimization Survey conducted between 1993 and 1999 reported that 0.24% of married women and 0.035% of married men were victims of domestic violence annually versus 4.6% of men and 5.8% of women reporting same-sex partnerships.<sup>2</sup>

### **Risk Factors for IPV**

- Alcohol use is frequently associated with violence between intimate partners. It is estimated that in 45% of IPV cases, men had been drinking, and in about 20% of cases, women had been drinking.<sup>15</sup>
- One study recently found that male partner unemployment and drug or

alcohol use was associated with an increased risk of perpetrating physical, sexual, and/or emotional abuse.<sup>9</sup>

- Witnessing IPV as a child or adolescent, or experiencing violence from caregivers as a child, increases one's risk of both perpetrating IPV and becoming a victim of IPV.<sup>17</sup>
- Research has determined that violent husbands report more anger and hostility toward women when compared with nonviolent husbands.<sup>12</sup>

### **National and Local Rates of IPV**

Based on information collected in the National Violence against Women Survey, an estimated 5.3 million IPV victimizations occur each year among women ages 18 years and older. From these 5.3 million incidents, approximately 2 million injuries occur, with at least 550,000 requiring medical attention. IPV victims lose approximately 8 million days of work. In 1995, 1,252 women were killed by an intimate partner. In 2001, a similar report indicated that one-third of female homicide victims were killed by an intimate partner.<sup>3</sup>

A Utah-based study reported a one-year IPV prevalence rate of 9.7 percent of women seen in a local hospital emergency department. This same study reported a lifetime IPV prevalence of 36% for women seen in the hospital emergency department.<sup>4</sup>

## Utah Information Associating Adverse Events with IPV

A survey, conducted in a Utah hospital emergency department found that nearly almost a quarter (23.2%) of current IPV victims (reported IPV incident within the last year) had also contemplated suicide (40%) within the last year. This reported suicide contemplation rate is more than eight times that of those reporting no IPV incident in the last year. Those victims reporting IPV within the last year were also significantly less likely to feel safe in their current relationship (27% compared to 3.9% of controls). IPV victims were also more likely to have multiple emergency department visits and hospital admissions compared to a control group. All of the above factors demonstrate significant

emotional and physical cost considerations to the individual who has experienced IPV as well as to society in general.<sup>4</sup>

## Healthy People 2010 Objectives

The Healthy People 2010 objectives promote reductions in physical assault by intimate partners. Physical assault percentages are based on incidents per 1,000 people per year. Table 1 compares Healthy People 2010 objectives with physical assault rates in Utah for the year 1998 and 2001.<sup>5,6</sup> Concerted efforts by states and private organizations will be needed to meet these goals.

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## Healthy People 2010

Table 1.

Objective	1998	2001	2010 Goal
Physical assault by intimate partners ages 12 and over /1,000 population (National)	4.4%†	2.6%	3.3%
Physical assault by intimate partners ages 12 and over /1,000 population (Utah)	3.3%*	2.5%*	3.3%

\* Utah data are drawn from the question: "When asked if a spouse, significant other, partner, or other family member injured you with an object or weapon, or hit, slapped, pushed, or kicked you," contained in the Utah Crime Victimization Surveys for 2000 and 2002.

† Reported rates per 1,000

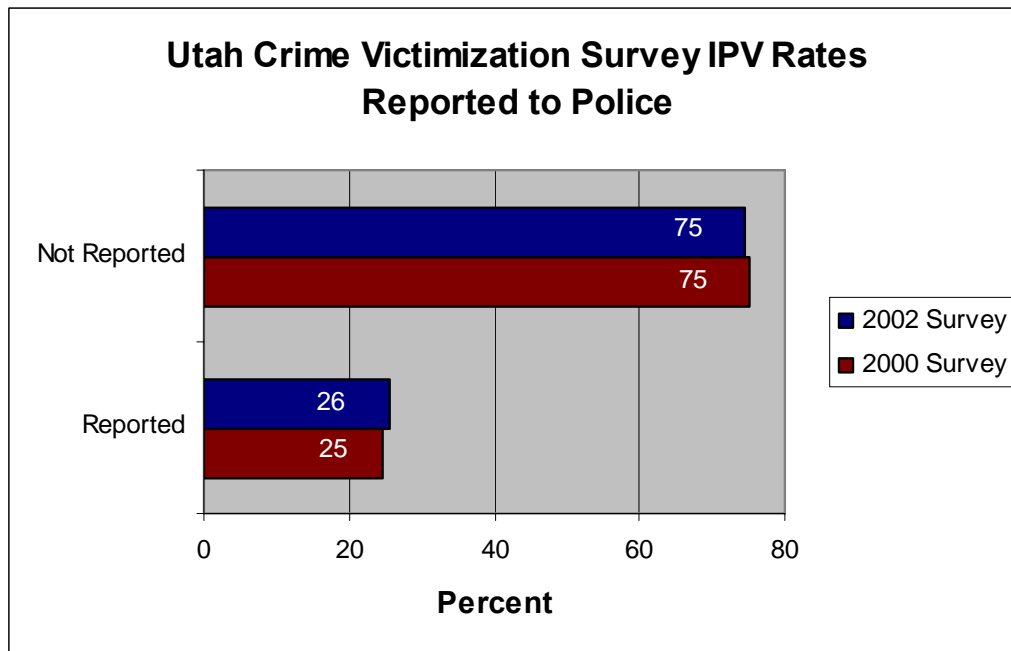
## Trends of IPV in Utah

Studies reporting the incidence of IPV based solely upon police or emergency department records may capture only a small percentage of the actual cases occurring. Another surveillance source regarding IPV is the Utah Crime Victimization Survey, which captures IPV events through a telephone survey. This survey asks: “In the last year, did your spouse, significant other, partner or other family member injure you with an

object or weapon, or hit, slap, push or kick you?”

Of reported incidences, only 1/3 of cases were reported as a single occurrence, demonstrating that IPV often represents a pattern of behavior and not just single episodes. For approximately 11% of the sample, an IPV incident was reported by the same victim 10 or more times within one year. Most incidents are not reported to authorities (see Figure 1 and Table 2).

**Figure 1.**



**Table 2.**

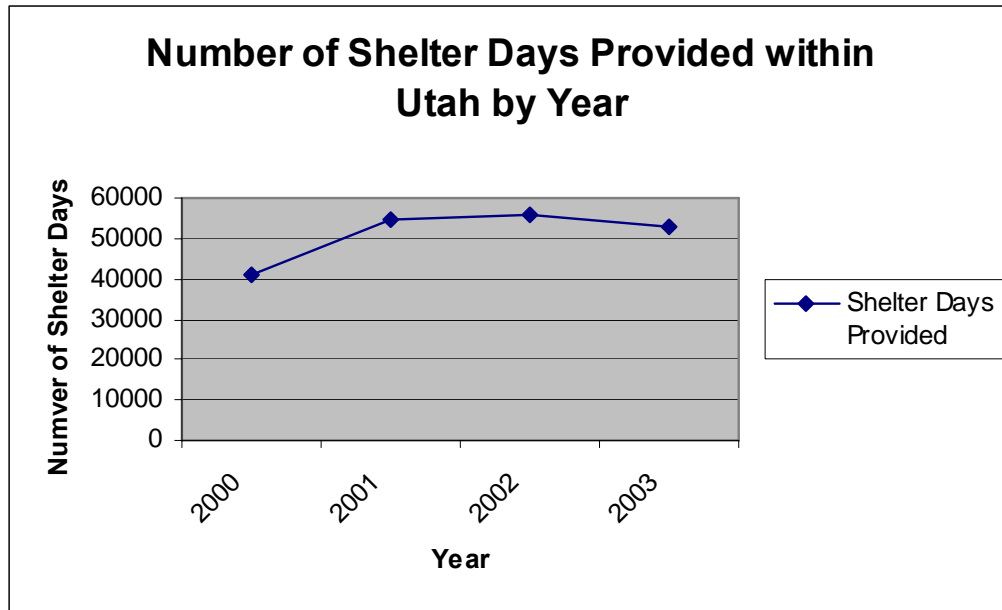
Main Reason for Not Reporting to Police (if not reported)	Percent
Offender Friend/Family	26.2
Dealt with in Another Way	23.0
Not Important – Minor Offense	23.0
Afraid of the Offender	11.5
Due to own Carelessness	6.6
Police Couldn't Help	3.3
Felt Sorry for Offender	3.3
Didn't want to get Involved	3.3

## Utah Services

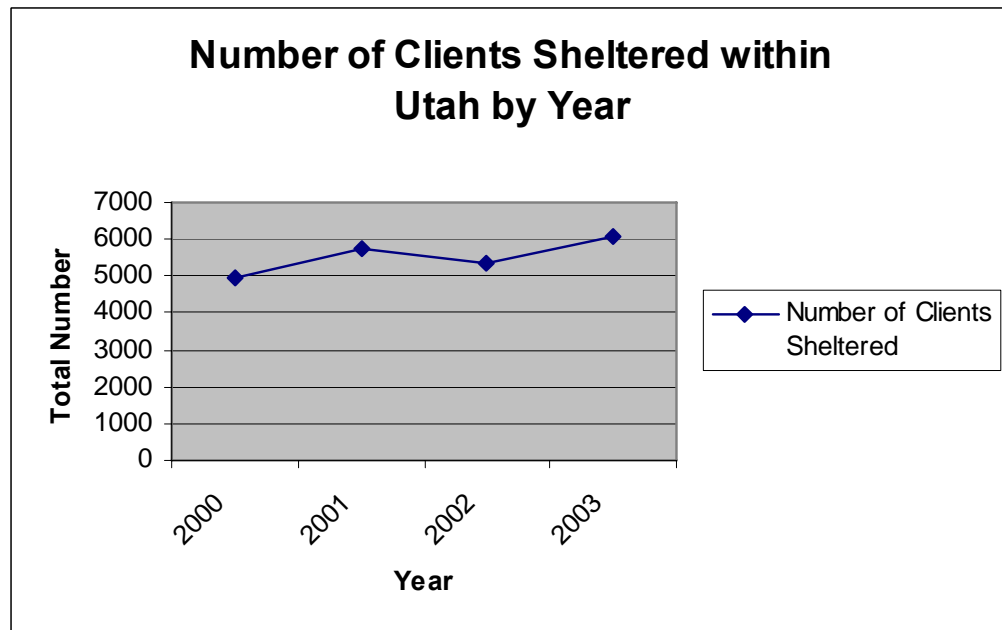
Domestic violence (DV) shelters are an integral part of services being provided to victims of intimate partner violence in

Utah. Figures 2 and 3 illustrate the usage trends for Utah shelters both by total number of shelter days provided and the number of clients sheltered.<sup>6</sup>

**Figure 2.**



**Figure 3.**



Phone hotlines dedicated to domestic violence have been established in Utah to help identify needed services for state residents. Tables 3 and 4 list the number

and types of calls addressed from January 2002 to December 2003.<sup>6</sup> The hotline number is: 1-800-987-5465 or 1-800-987-LINK.

**Table 3.**

Type of Client Served	Year	
	2002	2003
Number of Children Served	1738	1806
Number of Victims Served	1273	1369
Number of Perpetrators Served	212	188
Total Number of People Served through Incoming Calls	4773	5872
Total Number of Calls Received	2352	2509
Total Number of People Served through Incoming Calls	4773	5872

**Table 4.**

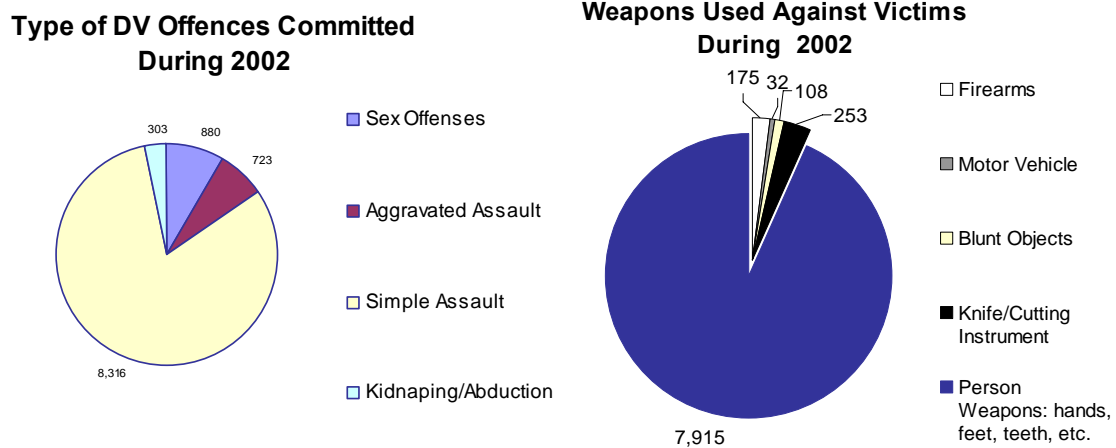
Type of Service Provided	Year	
	2002	2003
Advocacy	540	507
Community Resources	269	203
Counseling/Perpetrators	321	309
Counseling/Victim	327	281
Information/Education	899	920
Law Enforcement	210	217
Legal/Protective Order	557	505
Shelter	572	505
Crime Victim Reparations	142	116
Other	13	11
Non-DV abuse	44	56

Figure 4 provides further detail from police reports (agencies submitting to the Incident Based Reporting program [IBR]) regarding the type of violence perpetrated and the type of weapon(s) used against reported domestic violence (DV) victims (DV *includes* IPV victims and children).<sup>6</sup> Note not all agencies reported information as of 2002. Thus,

these figures represent about 72% of Utah's population in 2002.

Table 5 describes the type of relationship between the victim and the perpetrator.<sup>7</sup> Note the higher percentages overall for spouse, boy/girlfriend, and child.

**Figure 4.**



**Table 5.**

<b>Relation of the Victim to the Perpetrator</b>	<b>Number</b>	<b>Percent of Total</b>
Spouse	2531	24.3
Ex-Spouse	269	2.6
Common Law Spouse	271	2.6
Boy/Girl Friend	2630	25.2
Homosexual Relationship	59	0.6
Parent	674	6.5
Grandparent	43	0.4
Step-Parent	80	0.8
Step-Child	201	1.9
Sibling	1011	9.7
Step-Sibling	74	0.7
Child	1585	15.2
Child of Boy/Girl Friend	119	1.1
Grandchild	95	0.9
In-Law	198	1.9
Other Family	629	6.0
<b>Total</b>	<b>10432</b>	<b>~ 100%</b>

Table 6 illustrates deaths related to domestic violence (DV) in Utah from 2000-2003.<sup>6</sup> Note the majority of

intimate partner/cohabitant homicides are females. All reported perpetrator suicides are males.

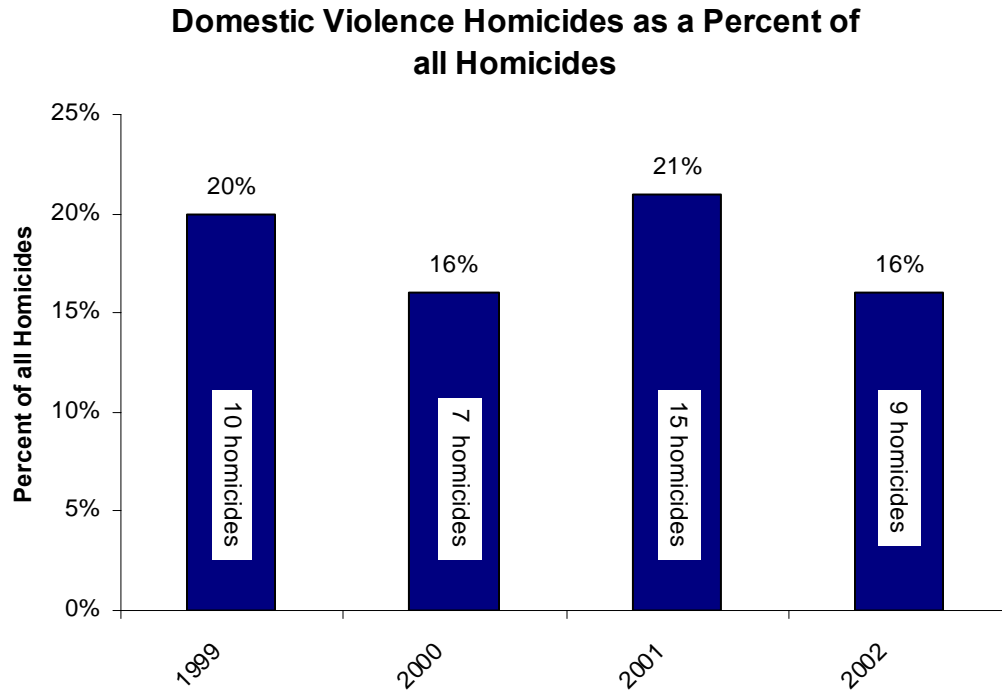
**Table 6.**

	<b>Year</b>	<b>Number of Females</b>	<b>Number of Males</b>
<b>Intimate Partner/Cohabitant Homicides</b>	2000	6	1
	2001	13	1
	2002	9	1
	2003	7	3
	<b>Total</b>	<b>35</b>	<b>6</b>
<b>DV Related Children's Deaths</b>	2000	1	2
	2001	0	0
	2002	1	0
	2003	2	0
	<b>Total</b>	<b>4</b>	<b>0</b>
<b>Perpetrator Suicide</b>	2000	0	2
	2001	0	6
	2002	0	4
	2003	0	8
	<b>Total</b>	<b>0</b>	<b>20</b>
<b>DV Related Death (Officer Self Defense/Family Member Caused Death)</b>	2000	0	1
	2001	0	2
	2002	0	2
	2003	0	6
	<b>Total</b>	<b>0</b>	<b>11</b>

Figure 5 compares homicides as a whole to those associated with domestic violence (DV). Note, data include IPV

and deaths of children.<sup>6</sup> A significant percentage of all homicides in Utah are a result of domestic violence.

**Figure 5.**





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# Intimate Partner Violence Prevention, Action, and Services

The following action items describe intimate partner violence (IPV) prevention, action, and services underway in Utah. Listed within parentheses are federal, state, and local agencies that are in some manner addressing the specific action item.

## Objectives:

1. Reduce domestic violence homicides among Utah residents to 0.3 per 100,000 population by 2010.
2. Reduce the rate of physical assault by current or former intimate partners to 330 per 100,000 persons aged 12 years and older by 2010.

## Action Steps:

### 1. IPV education and prevention

- a. *Support, implement, and evaluate violence prevention interventions*  
(Canyon Creek Women's Crisis Center; Center for Women and Children in Crisis; Colleen Quigley Women's Center; Community Abuse Prevention Services Agency; D.O.V.E. Center; Gentle Ironhawk Shelter; New Horizons Crisis Center; Pathways; Peace House; Safe Harbor; Seekhaven; South Valley Sanctuary; Violence and Injury Prevention Program; Women's Crisis Shelter; Your Community Connection; Your Community in Unity)
- b. *Provide IPV related trainings for health care providers*  
(Utah Domestic Violence Council Healthcare Committee; Violence and Injury Prevention Program)
- c. *Provide IPV related education and training for professionals*  
(Office of the Attorney General)
- d. *Provide IPV victims and the community information and services to help victims and prevent re-victimization*  
(Utah Victim Advocate Programs)
- e. *Create and disseminate to the public and IPV resource organizations an annual IPV report on the current status for Utah*  
(Utah State Domestic Violence Cabinet Council)

### 2. IPV interventions

- a. *Provide crisis and information hotlines for IPV victims*  
(Canyon Creek Women's Crisis Center; Center for Women and Children in Crisis; Colleen Quigley Women's Center; Community Abuse Prevention Services Agency; D.O.V.E. Center; Gentle Ironhawk Shelter; Link Line; New Horizons Crisis Center;

Pathways; Peace House; Safe Harbor; Seekhaven; South Valley Sanctuary; Women's Crisis Shelter; Young Women's Christian Association; Your Community Connection; Your Community in Unity)

- b. *Provide emergency housing for IPV victims and their families*  
(Canyon Creek Women's Crisis Center; Center for Women and Children in Crisis; Colleen Quigley Women's Center; Community Abuse Prevention Services Agency; D.O.V.E. Center; Gentle Ironhawk Shelter; New Horizons Crisis Center; Pathways; Peace House; Safe Harbor; Seekhaven; South Valley Sanctuary; Utah Department of Human Services; Women's Crisis Shelter; Young Women's Christian Association; Your Community Connection; Your Community in Unity)
- c. *Provide transitional housing for IPV victims and their families*  
(Center for Women and Children in Crisis; New Horizons Crisis Center; Peace House; Safe Harbor; Utah Department of Human Services; Young Women's Christian Association; Your Community Connection)
- d. *Provide local caseworkers for IPV victims*  
(Office of Crime Victim Reparations; Utah Department of Human Services)
- e. *Provide group and individual counseling or resource information to find counseling for IPV victims and/or perpetrators*  
(Canyon Creek Women's Crisis Center; Center for Women and Children in Crisis; Colleen Quigley Women's Center; Community Abuse Prevention Services Agency; D.O.V.E. Center; Domestic Violence Treatment Providers; Gentle Ironhawk Shelter; New Horizons Crisis Center; Office of Crime Victim Reparations; Pathways; Peace House; Safe Harbor; Seekhaven; South Valley Sanctuary; Utah Department of Human Services; Women's Crisis Shelter; Young Women's Christian Association; Your Community Connection; Your Community in Unity)
- f. *Provide specific assistance for children who have witnessed IPV*  
(Utah Department of Human Services; Young Women's Christian Association)
- g. *Serve as a resource for information and services for IPV victims*  
(Canyon Creek Women's Crisis Center; Center for Women and Children in Crisis; Colleen Quigley Women's Center; Community Abuse Prevention Services Agency; D.O.V.E. Center; Gentle Ironhawk Shelter; Link Line; New Horizons Crisis Center; Pathways; Peace House; Safe Harbor; Seekhaven; South Valley Sanctuary; Utah Department of Human Services; Utah Victim Advocate Programs; Women's Crisis Shelter; Young Women's Christian Association; Your Community Connection; Your Community in Unity)
- h. *Serve as a resource for information and services for IPV adult and juvenile perpetrators*  
(Link Line; Utah Department of Corrections; Utah Department of Human Services)
- i. *Provide reparation for victims of crime*  
(Office of Crime Victim Reparations)

### **3. IPV legislation, law, courts, and criminal justice**

- a. *Provide victim advocacy within the judicial and criminal justice system*  
(Law Enforcement Agencies; Utah State Domestic Violence Cabinet Council; Utah Victim Advocate Programs)
- b. *Provide and aid in the process of obtaining protective and restraining orders, custody issues, counseling, and divorce (if needed or wanted) for IPV victims*  
(Courts and Criminal Justice; Legal Aid Society; Utah Victim Advocate Programs)
- c. *Provide education on IPV to the public and state legislature*  
(Canyon Creek Women's Crisis Center; Center for Women and Children in Crisis; Colleen Quigley Women's Center; Community Abuse Prevention Services Agency; D.O.V.E. Center; Gentle Ironhawk Shelter; Interpersonal Violence Working Group; New Horizons Crisis Center; Pathways; Peace House; Safe Harbor; Seekhaven; South Valley Sanctuary; Utah State Domestic Violence Cabinet Council; Women's Crisis Shelter; Young Women's Christian Association; Your Community Connection; Your Community in Unity)
- d. *Train law enforcement personnel on responding to and addressing IPV incidents*  
(Law Enforcement Agencies; Utah Domestic Violence Council Healthcare Committee)
- e. *Provide victim advocacy support to accompany law enforcement personnel responding to an IPV situation*  
(Utah Victim Advocate Programs)
- f. *Provide the V.I.N.E. (Victim Identification and Notification Everyday) service to the public. The Utah V.I.N.E. Program allows crime victims, as well as other members of the community, access to inmate information.*  
(Utah Department of Corrections)

### **4. IPV social capital (i.e. organizations working collaboratively to accomplish goals of mutual social benefit)**

- a. *Provide general community outreach, media relations, and education programs about IPV*  
(Canyon Creek Women's Crisis Center; Center for Women and Children in Crisis; Colleen Quigley Women's Center; Community Abuse Prevention Services Agency; D.O.V.E. Center; Gentle Ironhawk Shelter; New Horizons Crisis Center; Pathways; Peace House; Safe Harbor; Seekhaven; South Valley Sanctuary; Utah Department of Human Services; Utah Victim Advocate Programs; Violence and Injury Prevention Program; Women's Crisis Shelter; Young Women's Christian Association; Your Community Connection; Your Community in Unity)

- b. *Pursue outreach programs that address minority or targeted/defined populations. Some examples could include women of color, immigrants, refugees, disabled, lesbian/gay/bisexual/transgender populations, and HIV positive individuals*  
(Canyon Creek Women's Crisis Center; Center for Women and Children in Crisis; Colleen Quigley Women's Center; Community Abuse Prevention Services Agency; D.O.V.E. Center; Gentle Ironhawk Shelter; New Horizons Crisis Center; Pathways; Peace House; Safe Harbor; Seekhaven; South Valley Sanctuary; Women's Crisis Shelter; Young Women's Christian Association; Your Community Connection; Your Community in Unity)
- c. *Collaborate and coordinate efforts with community organizations, law enforcement, judicial system, and resources associated with IPV*  
(Courts and Criminal Justice; Interpersonal Violence Working Group; Office of Crime Victim Reparations; Utah Department of Human Services; Utah Domestic Violence Council Healthcare Committee; Utah State Domestic Violence Cabinet Council; Utah Victim Advocate Programs; Violence and Injury Prevention Program; Volunteers of America; Young Women's Christian Association)
- d. *Support existing and create future coalitions (such as local and neighborhood coalitions) that address IPV issues by various means such as providing funds, serving as a liaison for additional community resources, etc*  
(Interpersonal Violence Working Group; Office of Crime Victim Reparations; Utah Domestic Violence Council Healthcare Committee; Utah State Domestic Violence Cabinet Council; Violence and Injury Prevention Program; Volunteers of America; Young Women's Christian Association)
- e. *Support the "Week Without Violence" program*  
(Canyon Creek Women's Crisis Center; Center for Women and Children in Crisis; Colleen Quigley Women's Center; Community Abuse Prevention Services Agency; D.O.V.E. Center; Gentle Ironhawk Shelter; New Horizons Crisis Center; Pathways; Peace House; Safe Harbor; Seekhaven; South Valley Sanctuary; Violence and Injury Prevention Program; Women's Crisis Shelter; Young Women's Christian Association; Your Community Connection; Your Community in Unity)

## **5. IPV surveillance and research**

- a. *Review all IPV homicides to provide information relating to prevention, possible interventions and evaluation of existing services and policies*  
(Utah Domestic Violence Fatality Review Committee, Violence and Injury Prevention Program)
- b. *Assess statewide IPV data needs (victims, perpetrators, associated family members, communities trying to address IPV, specific populations/minorities)*  
(Canyon Creek Women's Crisis Center; Center for Women and Children in Crisis; Colleen Quigley Women's Center; Community Abuse Prevention Services Agency; D.O.V.E. Center; Gentle Ironhawk Shelter; Law Enforcement Agencies; New Horizons Crisis Center; Pathways; Peace House; Safe Harbor; Seekhaven; South Valley Sanctuary; Utah Domestic Violence Council Healthcare Committee; Utah State Domestic Violence Cabinet Council; Violence and Injury Prevention Program;

Women's Crisis Shelter; Your Community Connection; Your Community in Unity)

- c. *Evaluate short term and long term effects of transitional housing*  
(Intermountain Injury Control Research Center; Interpersonal Violence Working Group; Young Women's Christian Association)

## **6. Caregiver abuse**

- a. *Investigate reports of caregiver abuse*  
(Utah Department of Human Services, Adult Protective Services)

# **Resource List**

### **Canyon Creek Women's Crisis Center**

Iron County domestic violence shelter; crisis hotline; victim advocacy; group or individual counseling.

*P.O. Box 2081*

*Cedar City, UT 84721*

*Phone: (435) 867-9411*

*Crisis Line: (435) 865-7443*

### **Center for Women and Children in Crisis**

Utah County domestic violence shelter; crisis hotline; victim advocacy; group or individual counseling.

*P.O. Box 1075*

*Provo, UT 84603*

*Phone: (801) 374-9351*

*Crisis Line: (801) 377-5500*

### **Colleen Quigley Women's Center**

Carbon County domestic violence shelter; crisis hotline; victim advocacy; group or individual counseling.

*475 West Price River Drive*

*Price, UT 84501*

*Phone: (435) 636-2375*

*Crisis Line: (435) 637-6589*

### **Community Abuse Prevention Services Agency**

Cache County domestic violence shelter; crisis hotline; victim advocacy; group or individual counseling.

*P.O. Box 3617*

*Logan, UT 84323-3617*

*Phone/24hr: (435) 753-2500*

### **Courts and Criminal Justice**

Provide protective orders and/or restraining orders; Guardian ad Litem.

<http://www.utcourts.gov/>

### **D.O.V.E. Center**

Washington County domestic violence shelter; crisis hotline; victim advocacy; group or individual counseling.

*P.O. Box 2972*

*St. George, UT 84771*

*Phone: (435) 628-1204*

*Crisis Line: (435) 628-0458*

**Domestic Violence Treatment Providers**

Provide individual or group counseling for victims and/or perpetrators.

Phone: 1-800-897-LINK (5465)

<http://www.informationandreferral.org/dv/index.htm>

**Gentle Ironhawk Shelter**

San Jan County domestic violence shelter; crisis hotline; victim advocacy; group or individual counseling.

P.O. Box 423

Blanding, UT 84511

Phone: (435) 678-2445

Crisis Line: 1-866-206-0379

**Intermountain Injury Control Research Center**

IICRC conducted research into longitudinal effects of transitional housing intervention; collaborated with LDS Hospital to study prevalence of female who experience intimate partner violence.

University of Utah

615 Arapleen Drive, Suite 202

Salt Lake City, UT 84108

Phone: (801) 581-6410

<http://www.intermountaininjury.org/>

**Interpersonal Violence Working Group**

Brings together community and university agencies to explore collaborative efforts to prevent domestic violence.

Co-chair: Stephanie Wahab

Email: [swahab@socwk.utah.edu](mailto:swahab@socwk.utah.edu)

Phone: (801) 587-7600

Co-chair: Lenora Olson

Email: [lenora.olson@hsc.utah.edu](mailto:lenora.olson@hsc.utah.edu)

Phone: (801) 585-9160

**Law Enforcement Agencies**

911 Response; Peace Officers Standards and Training (POST); victim advocacy programs; provide annual trainings and conferences.

<http://www.the911site.com/911pd/utah.shtml>

**Legal Aid Society**

Non-profit organization that provides legal representation to individuals with family law cases and those who need a protective order in the Third District Courts in Salt Lake County. Services include: protective orders, divorce, paternity, guardianship.

225 South 200 East, Ste 200

Salt Lake City, UT 84111

Phone: (801) 328-8849

<http://www.lasslc.org/>

**Link Line**

Information and referral service for domestic violence victim and perpetrator services; provide services to link individuals with counseling, shelters, safe houses, support groups, police, mental health services, human service agencies, legal services, and victims assistance groups.

Phone: 1-800-897-LINK

<http://www.informationandreferral.org/DV.htm>

**New Horizons Crisis Center**

Sevier County domestic violence shelter; crisis hotline; victim advocacy; group or individual counseling.

*P.O. Box 9*

*Richfield, UT 84701*

*Phone: (435) 896-9294*

*Crisis Line: 1-800-343-6302*

**Office of Crime Victim Reparations**

Administration of funding; case management for reporting victims; provide reparations for reporting victims of crime; Victims of Crime Council; Victims Rights Committees; provide guidance information.

*350 East 500 South, Ste 200*

*Salt Lake City, UT 84111*

*Phone: (801) 238-2369*

<http://www.crimevictim.utah.gov/>

**Office of the Attorney General**

Provide domestic violence training for professionals and practitioners, a one-hour program that explains the dynamics of domestic violence, recommends solutions to those involved in a violent relationship, and offers local resources.

*Utah State Capitol Office*

*236 State Capitol*

*Salt Lake City, UT 84114*

*Phone: (801) 366-0300 or (801) 538-9600*

<http://attorneygeneral.utah.gov>

**Pathways**

Tooele County domestic violence shelter; crisis hotline; victim advocacy; group or individual counseling.

*305 North Main*

*Tooele, UT 84074*

*Phone: (435) 843-1645*

*Crisis Line: 1-800-833-5515*

**Peace House**

Summit County domestic violence shelter; crisis hotline; victim advocacy; group or individual counseling.

*P.O. Box 682141*

*Park City, UT 84068*

*Phone/24hr: (435) 647-9161*

*Admin: (435) 658-4739*

**Safe Harbor**

Davis County domestic violence shelter; crisis hotline; victim advocacy; group or individual counseling.

*P.O. Box 772*

*Kaysville, UT 84037*

*Phone: (801) 444-3191*

*Crisis Line: (801) 444-9161*

**Seekhaven**

Grand County domestic violence shelter; crisis hotline; victim advocacy; group or individual counseling.

*P.O. Box 729*

*Moab, UT 84532*

*Phone/24hr: (435) 259-2229*

*Crisis Line: 1-800-421-1100*



**South Valley Sanctuary**

Salt Lake County domestic violence shelter; crisis hotline; victim advocacy; group or individual counseling.

*P.O. Box 1028*

*West Jordan, UT 84084-7028*

*Phone/24hr: (801) 255-1095*

**Utah Department of Corrections**

Perpetrator treatment referrals; Victim Identification and Notification Everyday (VINE) service; Bureau of Criminal Investigations firearm check.

*14717 S Minuteman Dr*

*Draper, UT 84020*

*Phone: (801) 545-5500*

*Toll Free Number: 1-877-884-8463*

<http://www.cr.ex.state.ut.us>

<http://doc.utah.gov/community/victimservices/vine.html>

**Utah Department of Human Services**

State specialist on policy and programs; collaborate and contract with local shelters for housing and treatment; Child Protective Services assist children who have witnessed domestic violence; provide local workers statewide who complete casework with victims; divisions within the department also serve victims of domestic violence including: Division of Youth Corrections, Division of Services for People with Disabilities, Division of Substance Abuse and Mental Health, Division of Aging and Adult Services, Adult Protective Services. Provide advocacy, referral services, and education; provide foster care for teens; Adult Protective Services investigate for disabled adults and elderly.

*Executive Director's Office*

*120 North 200 West, Room 319*

*Salt Lake City, UT 84103*

*Phone: (801) 538-4001*

<http://www.dhs.state.ut.us>

**Utah Domestic Violence Council Healthcare Committee**

UDVC represents various public and private providers, advocacy and allied agency groups from rural and urban Utah working to eliminate domestic violence. Working in collaboration with the Governor's Cabinet Council on Domestic Violence and 23 local coalitions, UDVC coordinates intervention and prevention services, promotes public awareness, and educates about key legislation and resource development. Projects include six resource libraries across the state, various free publications, training, conference coordination, awareness campaigns, and technical assistance.

*320 West 200 South Ste 270B*

*Salt Lake City, UT 84101*

*Phone: (801) 521-5544*

*Link Line: 1-800-897-LINK (5465)*

<http://www.udvac.org/>

**Utah State Domestic Violence Cabinet Council**

Provide annual statewide report on domestic violence; serve as a resource for the community; coordinate training with state agencies; collaborate with all agencies, departments, or organizations who work on domestic violence liaisons or resources statewide. Partnerships include: Administrative Office of the Courts, Office of the Attorney General, Commission on Criminal and Juvenile Justice, Department of Corrections, Department of Health, Department of Human Services, Department of Public Safety, Department of Workforce Services, Department of Work Force Services, Utah Domestic Violence Council, Utah State Office of Education, Governor's Office, Sheriff's Association, Chiefs Association, Prosecution Council, Defense Attorney's Association, Judge's Association.

*Office of the Lt. Governor*

*210 State Capitol*

*Salt Lake City, UT 84114*

*Phone: (801) 538-1547*

<http://www.utah.gov/ltgovernor/>

**Utah Victim Advocate Programs**

Statewide victim advocate programs provide prevention, intervention, rehabilitation, and public education for the victims of crime; assist with protective and restraining orders; provide referrals for victims to access shelters or treatment; provide victim support; respond with officers to domestic violence disputes.

*Phone: 1-800-897-LINK (5465)*

<http://www.informationandreferral.org/dv/index.htm>

**Violence and Injury Prevention Program**

Coordinates the Domestic Violence Fatality Review Committee (DVFRC) a multi-disciplinary team that reviews all domestic violence homicides; coordinates the Child Fatality Review Committee (CFRC) a multi-disciplinary team that reviews all child deaths; conducts education and training of health care providers to improve identification, treatment and referral of patients affected by partner abuse; completed statewide survey of emergency departments regarding screening of clients, education, and need assessments; maintains the Utah Domestic and Sexual Violence Resource Directory.

*Utah Department of Health*

*P.O. Box 142106*

*Salt Lake City, UT 84114-2106*

*Phone: (801) 538-6864*

<http://www.health.utah.gov/vipp/>

**Volunteers of America**

Volunteers of America's Substance Abuse Services provides a broad range of intervention programs, educational opportunities and preventive care initiatives that help adults, youths and families develop and maintain healthy lives free from addiction. Collaborate with community organizations and agencies, school districts, housing authorities, city and county governments, and area businesses.

*Phone: (800) 899-0089*

<http://www.voa.org/>

**Women's Crisis Shelter**

Uintah County domestic violence shelter; crisis hotline; victim advocacy; group or individual counseling.

*1052 West Market Drive*

*Vernal, UT 84078*

*Phone/24hr: (435) 781-2264*

**Young Women's Christian Association**

YWCA provides a 24 hour crisis hotline; shelter for domestic violence survivors and transitional housing for domestic violence survivors; advocacy and education for women and the community; community outreach and collaboration with many agencies including: Utah Domestic Violence Council, Utah Department of Health, Office of the Attorney General, Office of the Lt. Governor, Legal Aid Society, Office of Crime Victims Reparations, University of Utah, non-profit agencies and law enforcement agencies; provide legislative education; child advocacy evaluations; provide group and individual counseling; advocacy for women of color, immigrants, and refugees; public relations/media; violence prevention.

*YWCA of Salt Lake City*

*322 East 300 South*

*Salt Lake City, UT 84111*

*24-hour line: (801) 537-8600*

*<http://www.ywca.com/>*

**Your Community Connection**

Weber County domestic violence shelter; crisis hotline; victim advocacy; group or individual counseling.

*2261 Adams Avenue*

*Ogden, UT 84401*

*Phone: (801) 394-9456*

*Crisis Line: (801) 392-7273*

**Your Community in Unity**

Box Elder County domestic violence shelter; crisis hotline; victim advocacy; group or individual counseling.

*435 East 700 South*

*Brigham City, UT 84302*

*Phone/24hr: (435) 723-5600*

# Suicide



## Background Information and Current Data

In the United States, suicide is the eighth leading cause of death for all individuals, but more importantly, the third leading cause of death for young adults aged 15-24. Further, suicide attempts contribute to disability and suffering for hundreds of thousands of Americans each year. Suicide is a leading cause of death in Utah, as well as in other Intermountain states. In Utah, suicide was the second leading cause of death for those aged 10-34 and the leading cause of death for those aged 35-44 in 2001. Utah statistics are somewhat similar to those across the nation; however, there are unique challenges for public health professionals working to prevent suicide in Utah<sup>1</sup>. The stigma associated with suicide is a barrier for both public health professionals and the general populations, as some individuals are uncomfortable discussing the extent of the problem in Utah. Dialogue and action are beginning, but more work will be necessary to build a solid foundation for addressing this very difficult public

health issue, especially for Utah and the intermountain states.

The United States does not have an official source that compiles suicide attempt data nationwide, therefore reported rates are speculative. However, the average estimated ratio between nonfatal youth suicide attempters and youth suicide completers in the United States is 100-200:1.<sup>2</sup>

## National Estimates for 2001

The following items characterize attributes of suicide at a national level:

- Approximately 765,000 suicide attempts in the U.S. each year
- 3 female suicide attempts for each male attempt
- 4 male deaths by suicide for each female death by suicide
- 5 million living Americans have attempted to kill themselves
- On average, 1 person kills themselves every 17 minutes

## Utah Estimates for 2001

The following items characterize attributes of suicide completers in Utah:

- 5 male deaths for each female death by suicide
- White males age 40-45 years committed suicide more than any other group
- 10% of deaths by suicide were under age 20 years and 2.5% were under age 15 years
- More than half were suspected to be under the influence of drugs or alcohol at the time of the suicide

- Nearly half were unemployed at the time of the suicide
- 60% were over the age of 18 years and unmarried (never married, divorced, or widowed)
- 18% were veterans
- Emergency medical services personnel were two times more likely to respond to the scene of an urban suicide than a suicide in a rural area.<sup>3</sup>

## Healthy People 2010 Objectives

Healthy People 2010 objectives include reducing suicide overall, targeting suicide attempts in grades 9-12, increasing emergency department referrals to appropriate care for those attempting suicide, and increasing overall awareness and education about suicide in the school system. Note that there are limited data sources to support many objectives. Utah faces a challenge to reduce its high rates of suicide to obtain the Healthy People 2010 goals (see Table 1).<sup>1</sup>

**Table 1.**

<b>Healthy People Objective</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2010 Goal</b>
Suicide Completion (United States)	Not Available	10.4*	10.7	5
Suicide Completion (Utah)	14.0	14.7	15.4	5
Suicide Attempts Grades 9-12 (United States)	Not Available	Not Available	2.6%	1%
Suicide Attempts Grades 9-12 (Utah)	Not Available	3.3%	3.9%	Not Available

*\*Reported rates per 100,000*

## Comparing Utah Suicide Rates to Rates in Neighboring States and the Nation

Figure 1 compares suicide rates in Utah to the rest of the nation since 1981.<sup>1</sup>

**Figure 1.**

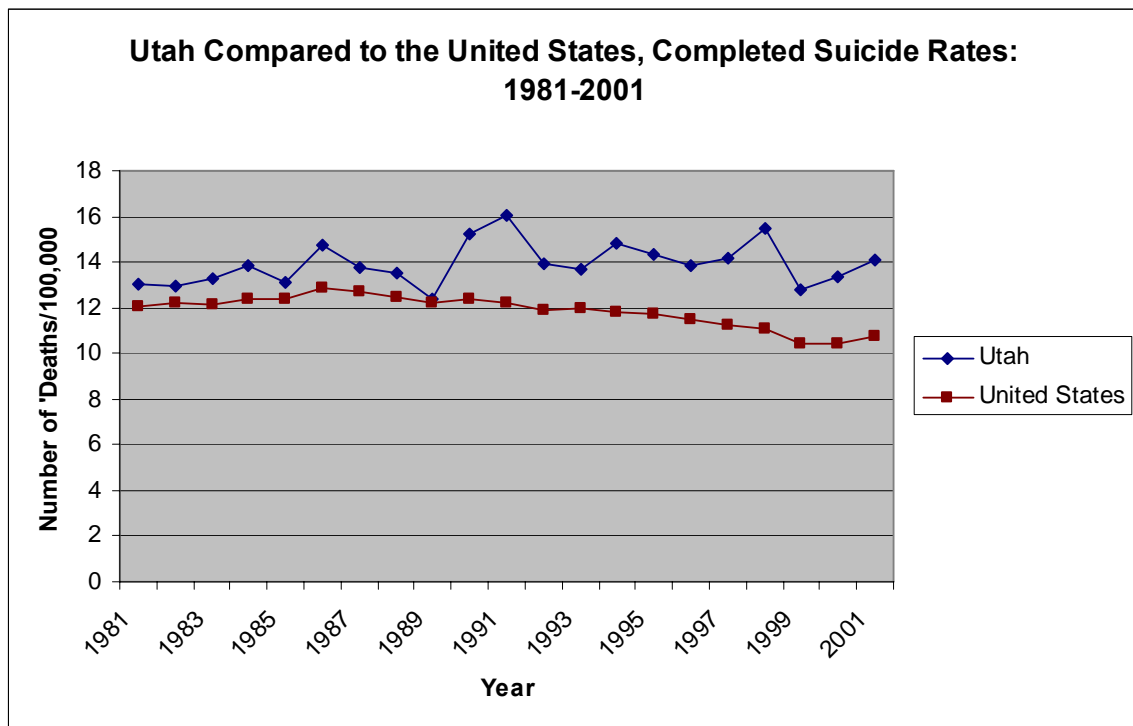
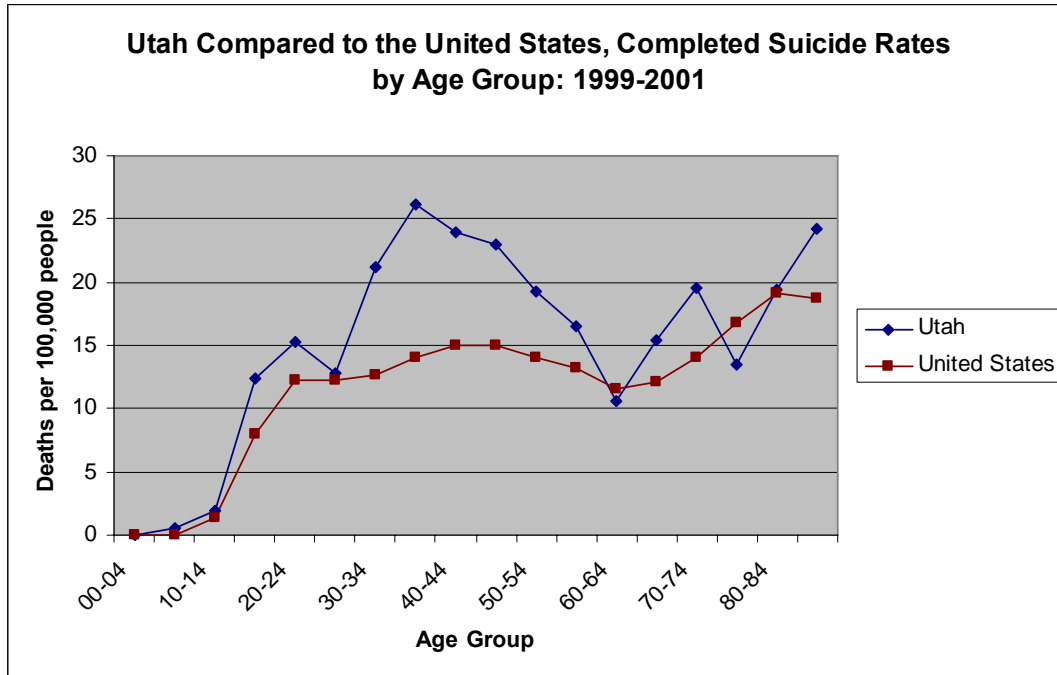


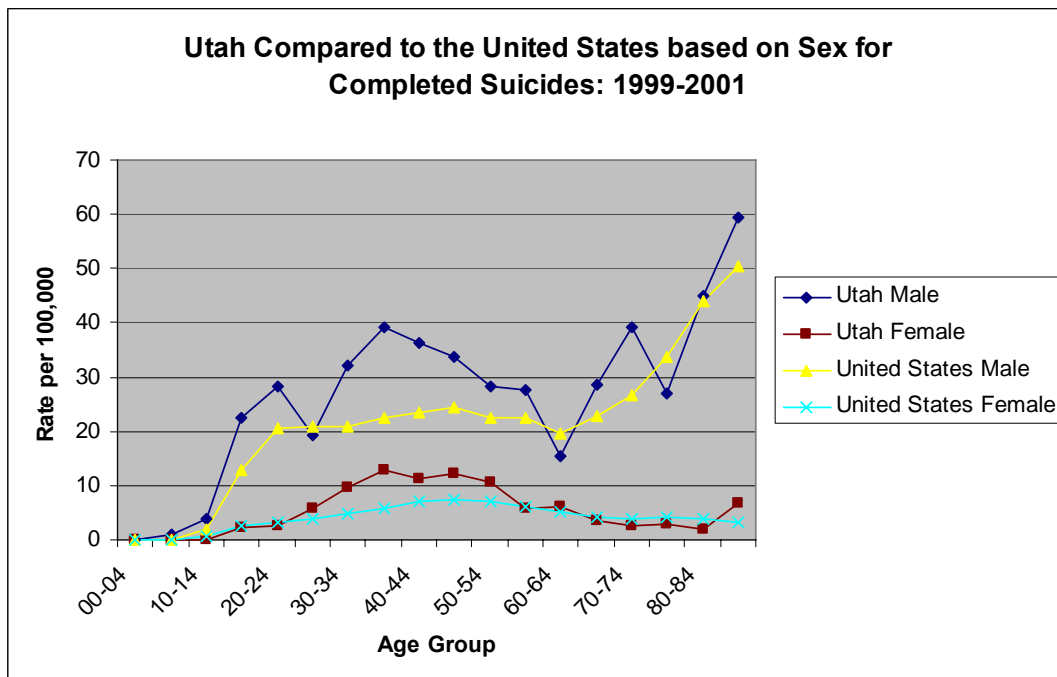
Figure 2 illustrates suicide rates by 5- year age groups for Utah and the United States.<sup>1</sup> Utah suicide rates are higher than national rates for all age groups, with a dramatic increase between ages 25 and 59 years.

Figure 3 suggests that males demonstrate consistently greater suicide rates compared to females for nearly all age groups in Utah.<sup>1</sup> A population often overlooked is the elderly, where the rates are higher than among teenagers.

**Figure 2.**



**Figure 3.**



Findings also suggest different suicide rates for various races. Higher rates are reported for White and American Indian populations compared to other recorded races (Table 2).<sup>1</sup>

**Table 2.**

**1999 - 2001, Utah and the Nation  
Suicide Injury Deaths and Rates per 100,000  
All Races, Both Sexes, All Ages**

<b>Race</b>	<b>Number of Deaths for Utah</b>	<b>Utah Population</b>	<b>Utah Crude Rate</b>	<b>National Rate</b>
White	869	6,364,284	13.65	11.64
Black	3*	69,857	4.29*	5.34
Am Indian/AK Native	14*	101,141	13.84*	10.27
Asian/Pac Islander	15*	180,081	8.32*	5.38
<b>Total</b>	<b>901</b>	<b>6,715,363</b>	<b>13.42</b>	<b>10.54</b>

*Reports for all ages include those of unknown age.*

*\*Rates based on 20 or fewer deaths may be unstable.*

*†Standard population is 2000, all races, both sexes.*

*‡Population estimates are aggregated for multi-year reports to produce rates.*



## The Impact of Suicide on Society Using Years of Potential Life Lost

Table 2 demonstrates the total percentage of potential years of life lost before age 65 for Utah residents in comparison to the United States.<sup>1</sup> Years of potential life lost is an attempt to measure the impact on society by illustrating estimated productive years lost due to premature death. When compared to the nation, Utah demonstrates nearly twice the productive life years lost due to suicide.

## Differences Between Reported Contemplation Versus Action Taken by Youth

The 2003 national Youth Risk Behavior Surveillance System (YRBSS) survey reported the following data for students in grades 9-12, age 15-18 years: 1) the proportion of students ever contemplating suicide, 2) suicide attempts, and 3) rates of intentional

injury or self-harm resulting from suicide attempts (see Tables 3 and 4).<sup>4</sup> These figures suggest that deaths represent only one part of a multifaceted problem that contributes to disability and suffering for hundreds of thousands of Americans each year.

## National Violent Injury Surveillance System: Utah Pilot

Utah is one of 12 initial sites across the United States testing and implementing a data collection system related to violent deaths. The National Violent Injury Surveillance System (NVISS) is working to establish ongoing, national data systems on violent injuries. NVISS' major project has been to pilot-test and advocate for the national adoption of a uniform reporting system for violent deaths. The project has culminated in the establishment of the National Violent Death Reporting System (NVDRS) with support from the Centers for Disease Control and Prevention.

**Table 3.**

	Percent of Total Years Lost due to Suicide in 2001
Utah	11%
United States	6%

**Table 4.**

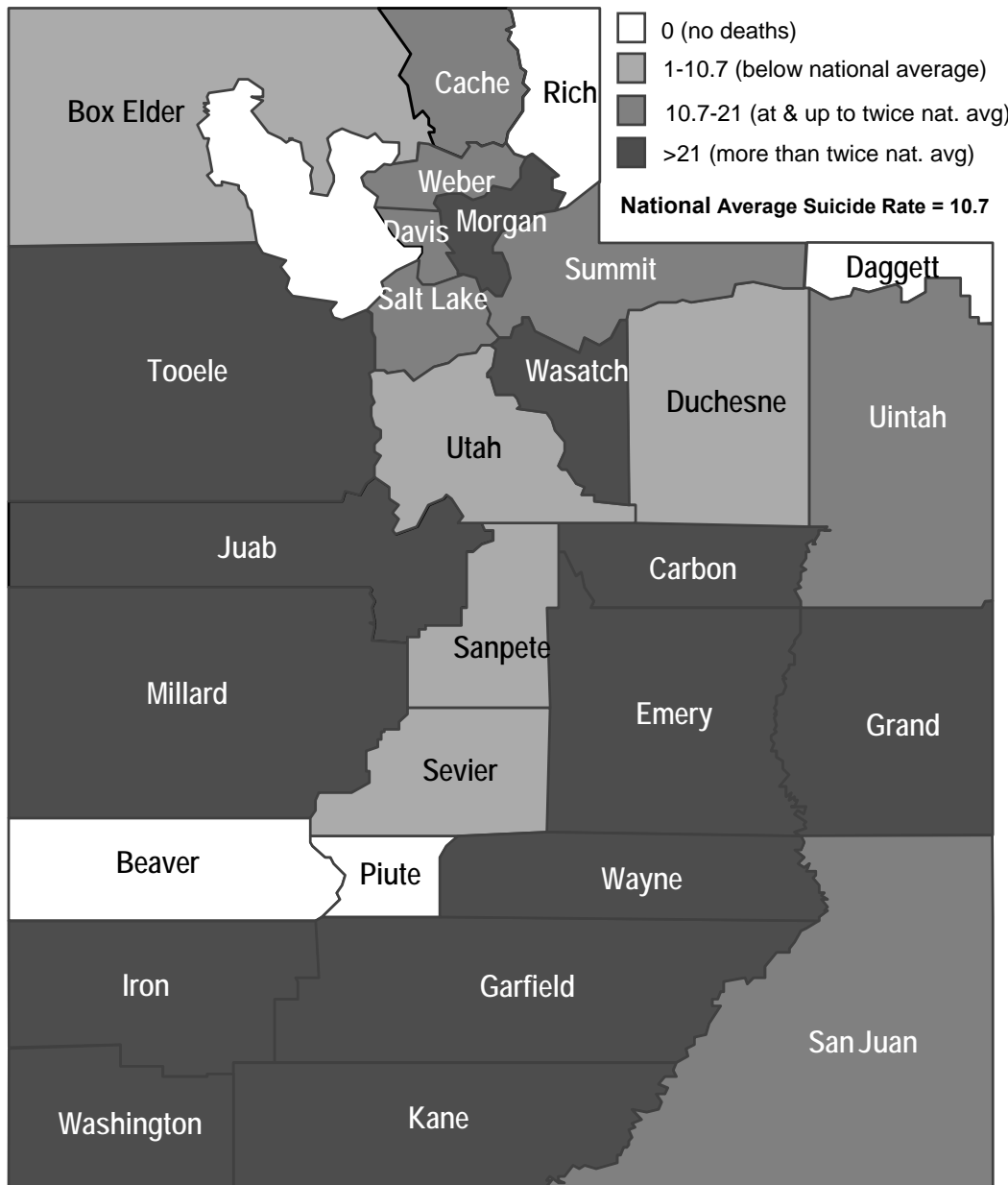
	1991	1993	1995	1997	1999	2001
Percent of Students who Seriously Considered Suicide	29.0	24.1	24.1	20.5	19.3	19.0
Percent of Students who Attempted Suicide	7.3	8.6	8.7	7.7	8.3	8.8
Percent of Students with an Injurious Suicide Attempt	1.7	2.7	2.8	2.6	2.6	2.6

## How do Suicide Rates Differ by County in Utah?

The rate of suicide deaths, or number of suicides per 100,000 people in Utah, is represented in Figure 5. Note the higher

rates for counties that are primarily rural counties. Due to a limited number of suicides and a limited timeframe (2001), reported rates should be interpreted with caution.<sup>3</sup>

**Figure 5.**



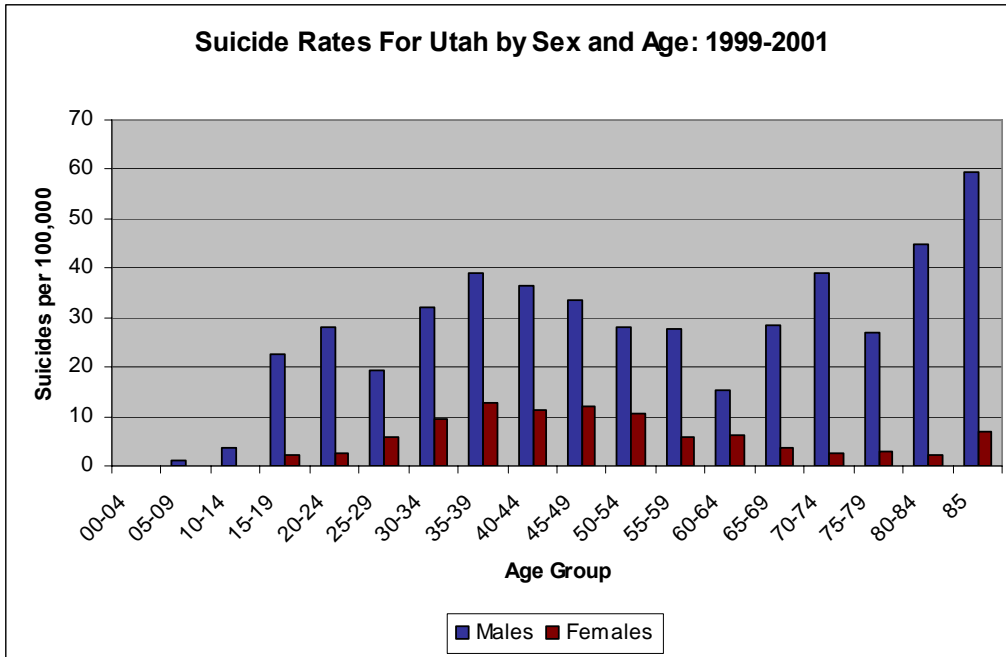
## Differences in Gender and Age Among Suicides in Utah

Figure 6 utilizes crude suicide rates for the last four years to provide average rates of suicide by gender and age.<sup>1</sup> Note the relatively high rate of suicide among males.

## Methods and Location of Suicide for Utah Residents (2001)

Figure 7 illustrates the method of suicide for the decedents who died in 2001. Firearms were used more often than all other methods combined.<sup>3</sup>

**Figure 6.**



**Figure 7.**

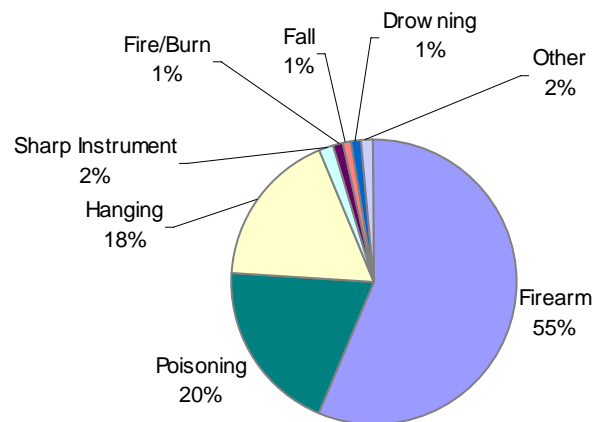


Figure 8 illustrates the location of suicide for Utah residents in 2001. The majority of suicides occurred in a private residence.<sup>3</sup>

**Figure 8.**

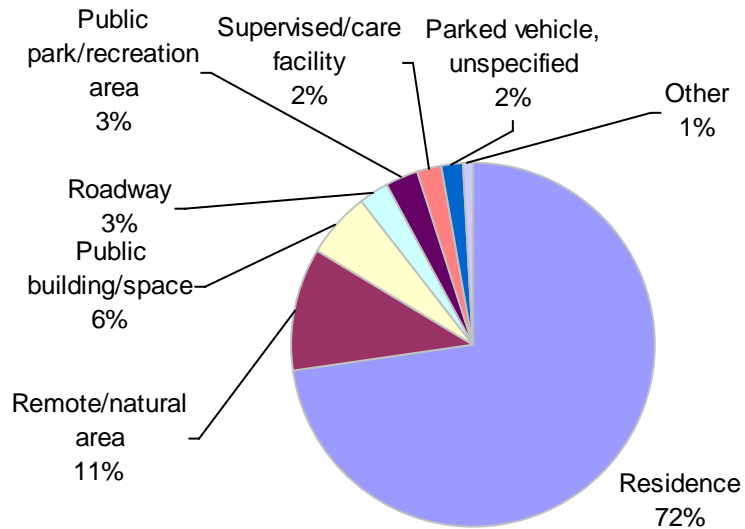
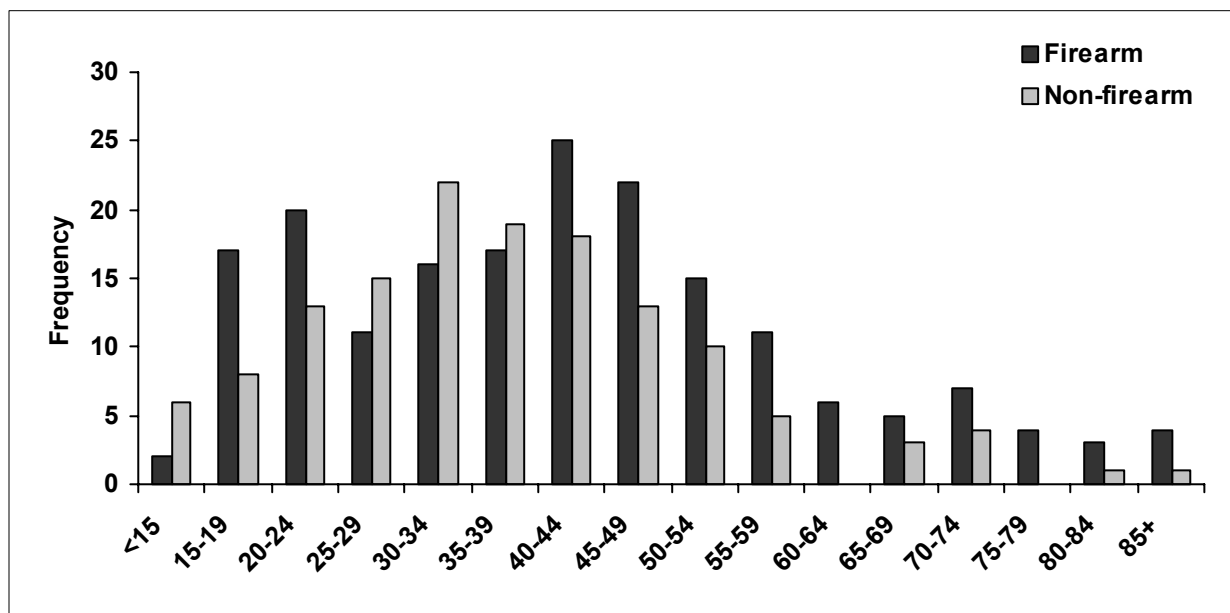


Figure 9 demonstrates the prevalence of firearms as a method of suicide, identifying differences by age and sex

in Utah in 2001. Firearms are used as the major means of completed suicide for all age groups except 25-39.<sup>3</sup>

**Figure 9.**



## References

1. WISQARS-Web-based Injury Statistics Query and Reporting System. *National Center for Injury Prevention and Control, CDC*. Available at: <http://www.cdc.gov/ncipc/wisqars/>, 2003.
2. Arias E, Anderson RN, Kung HC, Murphy SL, Kochanek KD. *Deaths: Final data for 2001 National Vital Statistics Reports*. Hyattsville, MD: National Center for Health Statistics; 2003. 50 (15) & 52 (3).
3. *Violent Deaths in Utah, 2001: Summary Report of Utah NVISS Data Gathered from Death Certificates, Medical Examiner Records, and Police Reports*. Salt Lake City, Utah: Intermountain Injury Control Research Center; March 1, 2004.
4. *Suicidal ideation, suicide attempts, and injurious suicide attempts among students in grades 9-12, by sex, grade level, race, and Hispanic origin: United States selected years 1991-2001*: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, National Youth Risk Behavior Survey; 2003.

# Suicide Prevention, Action, and Services

The following action items describe suicide prevention, action, and services underway in Utah. Listed within parentheses are federal, state, and local agencies that are in some manner addressing the specific action item:

## Objectives:

1. Reduce the suicide rate to 5 suicides per 100,000 population by 2010.
2. Reduce suicides among Utah residents 15-19 years of age to 13.4 per 100,000 population by 2010.
3. Reduce the rate of suicide attempts by adolescents in grades 9 through 12 to a 12-month average of 1 percent by 2010.

## Action Steps:

### 1. Suicide advocacy

- a. *Implement policy related to evidence-based strategies in order to reduce the stigma associated with suicide and associated mental health treatment in the Utah community*

(National Alliance for the Mentally Ill, Utah Chapter; Provo HOPE Task Force; University of Utah Department of Pediatrics; University of Utah Department of Psychiatry; Utah Department of Human Services; Violence and Injury Prevention Program)

- b. *Support “Week without Violence” campaign*

(Brigham Young University Department of Clinical Psychology; University of Utah Department of Pediatrics; University of Utah Department of Psychiatry; Violence and Injury Prevention Program)

### 2. Suicide education

- a. *Educate the general population in Utah regarding risk factors and protective factors for suicide*

(National Alliance for the Mentally Ill, Utah Chapter; Provo HOPE Task Force; University of Utah Department of Psychiatry; Violence and Injury Prevention Program)

- b. *Educate the school population (teachers, parents, students) about risk and protective factors for suicide*

(National Alliance for the Mentally Ill, Utah Chapter; Provo HOPE Task Force)

- c. *Provide educational materials (print, Web, video, audio) relating to suicide and/or mental health*

(Brigham Young University Department of Clinical Psychology; Division of Youth Corrections; Provo HOPE Task Force; University of Utah Department of Pediatrics; University of Utah Department of Psychiatry; Violence and Injury Prevention Program)

- d. *Provide state and local conferences to educate the general public and health professionals about risk and protective factors for suicide, especially for those individuals who serve members of their community*  
(National Alliance for the Mentally Ill, Utah Chapter; Provo HOPE Task Force)

### **3. Suicide interventions**

- a. *Serve as a referral resource for appropriate identification of risk factors for suicide including mental illness, as well as appropriate referrals for mental health treatment*  
(Brigham Young University Department of Clinical Psychology; Center for Safe and Healthy Families at Primary Children's Medical Center; Division of Youth Corrections; Guardian ad Litem; National Alliance for the Mentally Ill, Utah Chapter; Provo HOPE Task Force; Third District Juvenile Court; University of Utah Department of Pediatrics; University of Utah Department of Psychiatry; Utah Department of Human Services; Violence and Injury Prevention Program)
- b. *Support existing and develop future evidence-based interventions in order to identify potential risks for suicide among specific populations with higher suicide rates*  
(Brigham Young University Department of Clinical Psychology; Guardian ad Litem; National Alliance for the Mentally Ill, Utah Chapter; University of Utah Department of Pediatrics; University of Utah Department of Psychiatry; Utah Department of Human Services; Utah Youth Village; Violence and Injury Prevention Program)
- c. *Support treatment interventions that adhere to evidence-based practice guidelines in related areas such as substance abuse interventions*  
(Area Agency on Aging; Brigham Young University Department of Clinical Psychology; Center for Safe and Healthy Families at Primary Children's Medical Center; Guardian ad Litem; National Alliance for the Mentally Ill, Utah Chapter; Provo HOPE Task Force; University of Utah Department of Pediatrics; University of Utah Department of Psychiatry; Utah Department of Human Services; Utah Youth Village; Violence and Injury Prevention Program)
- d. *Screen youth in the Juvenile Court System to identify those at risk for suicide and refer to appropriate mental health treatment*  
(Brigham Young University Department of Clinical Psychology; Third District Juvenile Court; University of Utah Department of Pediatrics; University of Utah Department of Psychiatry)

### **4. Suicide legislation, law enforcement, and government related support.**

- a. *Develop and support proactive mental health policies regarding suicide*  
(National Alliance for the Mentally Ill, Utah Chapter)
- b. *Provide education and advocacy on suicide to the state legislature (lobbying)*  
(National Alliance for the Mentally Ill, Utah Chapter)

**5. Suicide and social capital (i.e., organizations working collaboratively to accomplish goals of mutual social benefits)**

- a. *Coordinate prevention and research resources in order to foster community involvement regarding evidence-based practice to prevent suicide and decrease stigma associated with suicide and mental health treatment*  
(Brigham Young University Department of Clinical Psychology; Center for Safe and Healthy Families at Primary Children's Medical Center; Division of Youth Corrections; Guardian ad Litem; National Alliance for the Mentally Ill, Utah Chapter; Provo HOPE Task Force; State of Utah Office of Education; Third District Juvenile Court; University of Utah Department of Pediatrics; University of Utah Department of Psychiatry; Utah Department of Human Services; Utah Youth Village; Valley Mental Health; Violence and Injury Prevention Program)
- b. *Disseminate information to the public and those interested in planning, implementing, and evaluating evidence-based suicide prevention strategies*  
(Brigham Young University Department of Clinical Psychology; Center for Safe and Healthy Families at Primary Children's Medical Center; Division of Youth Corrections; National Alliance for the Mentally Ill, Utah Chapter; Office of the Medical Examiner; Provo HOPE Task Force; State of Utah Office of Education; University of Utah Department of Pediatrics; University of Utah Department of Psychiatry; Valley Mental Health; Violence and Injury Prevention Program)

**6. Suicide Surveillance**

- a. *Review all child fatalities under age 21 ruled suicide by the Office of the Medical Examiner*  
(Center for Safe and Healthy Families at Primary Children's Medical Center; Guardian ad Litem; Office of the Medical Examiner; Utah Department of Human Services; Violence and Injury Prevention Program)
- b. *Support and use the National Violent Injury Surveillance System (NVISS) to track suicide patterns in Utah*  
(Office of the Medical Examiner; University of Utah Department of Pediatrics; University of Utah Department of Psychiatry; Violence and Injury Prevention Program)
- c. *Develop, evaluate and/or implement questionnaire to screen youth for distress and dysfunction associated with mental illness*  
(Brigham Young University Department of Clinical Psychology; Third District Juvenile Court; University of Utah Department of Pediatrics; University of Utah Department of Psychiatry)

**7. Suicide research and reporting**

- a. *Develop, support, and/or disseminate lessons learned from the Utah Youth Suicide Study. Youth Suicide Study includes six phases: 1) Government agency record epidemiology, 2) Parent interview, 3) Community contact interviews, 4) Genetic studies, 5) Mental health assessment of youth in the Third District Juvenile Court, and 6) Rapid access to mental health treatment for youth at highest risk: male youth in the Third District Juvenile Court.*  
(Brigham Young University Department of Clinical Psychology; Office of the Medical Examiner; Primary Children's Medical Center Foundation; State of Utah



Office of Education; Third District Juvenile Court; University of Utah Department of Pediatrics; University of Utah Department of Psychiatry; Utah Department of Human Services; Utah Youth Village; Violence and Injury Prevention Program)

## **8. Future objectives**

- a. *Improve and expand surveillance systems to gather more complete information about specialty populations at risk for suicide such as minority populations, elderly, adults, and migrants*  
(Office of Public Health Assessment; Office of the Medical Examiner; University of Utah Department of Pediatrics)
- b. *Develop evidence-based strategies to decrease the stigma associated with suicide, mental illness, and mental health treatment*  
(Brigham Young University Department of Clinical Psychology; Center for Safe and Healthy Families at Primary Children's Medical Center; National Alliance for the Mentally Ill, Utah Chapter; University of Utah Department of Pediatrics; University of Utah Department of Psychiatry)
- c. *Concentrate future research on suicide attempters in addition to completers*  
(Brigham Young University Department of Clinical Psychology; Center for Safe and Healthy Families at Primary Children's Medical Center; Division of Youth Corrections; University of Utah Department of Pediatrics; University of Utah Department of Psychiatry)
- d. *Develop, implement, and evaluate guidelines for government agency personnel who work with populations at risk for suicide to facilitate the appropriate identification of risk factors, and referral for mental health treatment*  
(Division of Youth Corrections; Third District Juvenile Court; University of Utah Department of Psychiatry; Utah Department of Human Services)

## **Resource List**

### **Area Agency on Aging**

Senior Companion Program; provide indirect suicide prevention.

*Salt Lake County Aging Services*

*2001 South State Street, S1500*

*Salt Lake City, UT 84190*

*Phone: (801) 468-2454*

<http://www.hsdaas.utah.gov/hiip/hiipcl.asp>

<http://www.slcoagingservices.org/>

**Brigham Young University Department of Clinical Psychology**

Involved in the Utah Youth Suicide Study (Phase V); assisted in the development of the Youth Outcome Questionnaire (YOQ) that screens for mental illness; involved in the Youth Outcome Questionnaire short form development (Phase V).

*Department of Clinical Psychology*

*238 TLRB*

*Provo, UT 84602*

*Phone: (801) 422-0163 or (801) 422-4050*

*<https://home.byu.edu/Webapp/hometest/index.jsp>*

**Center for Safe and Healthy Families at Primary Children's Medical Center**

Child Fatality Review Committee (CFRC); provide treatment and referrals.

*100 North Medical Drive*

*SLC, UT 84113*

*Phone: (801) 588-3650*

*<http://www.ihc.com/xp/ihc/primary>*

**Division of Youth Corrections**

Serve as a resource for referrals for mental health treatment; provide education and awareness to the public; provide treatment programs for youth.

*Department of Human Services*

*120 North 200 West*

*Salt Lake City, UT 84103*

*Phone: (801) 538-4330*

*<http://www.hsdyc.utah.gov/>*

**Guardian ad Litem**

Refers children for services; provide assistance with court order; provide indirect service for suicide prevention, referrals, and treatment; Suicide Prevention Resource Center (SPRC) state team representative.

*P.O. Box 140241*

*Salt Lake City, UT 84114*

*Phone: (801) 578-3848*

*<http://www.utcourts.gov/courts/juv/>*

**National Alliance for the Mentally Ill, Utah Chapter**

Hope for Tomorrow (school-based education program) offered in many areas around the state helps to identify children at risk. Educate teachers, parents, and children; partnership with Utah PTA; provide public awareness campaigns; legislation advocacy/steering committee; Suicide Prevention Resource Center (SPRC) state team representative.

*NAMI Utah Chapter*

*309 East 100 South*

*Salt Lake City, UT 84111*

*Phone: (801) 323-9900*

*Toll Free: (877) 230-6264*

*[http://www.xmission.com/~namiut/explorer\\_index.html](http://www.xmission.com/~namiut/explorer_index.html)*

**Office of Public Health Assessment**

Established Indicator Based Information System (IBIS) to provide wide access to health data and information; coordinate and perform the efficient collection, analysis, and reporting of health data; assist others in health data collection and analysis activities.

*Utah Department of Health*

*Center for Health Data*

*P.O. Box 142101*

*Salt Lake City, UT 84114-2101*

*Phone: (801) 538-9191*

*<http://health.utah.gov/opha/>*

**Office of the Medical Examiner**

Involved in Utah Youth Suicide Study (Phases I, IV); Child Fatality Review Committee (CFRC).

*48 Medical Drive*

*Salt Lake City, UT 84113*

*Phone: (801) 584-8410*

<http://health.utah.gov/ome/index.html>

**Primary Children's Medical Center Foundation**

Utah Youth Suicide Study (Phases I, II, III).

*100 North Medical Drive*

*SLC, UT 84113*

*Phone: (801) 588-3650*

<http://www.ihc.com/xp/ihc/primary>

**Provo HOPE Task Force**

Provo's HOPE (Hold On, Persuade, Escape) task force consists of 25 local groups to educate and prevent suicide; plan and conduct an annual suicide conference for community, teachers, students; media involvement; provide education information and materials.

*Hope Task Force for Suicide Prevention*

*Provo City School District*

*280 West 940 North*

*Provo, UT 84604*

*Phone: (801) 374-4802*

**State of Utah Office of Education**

Question Persuade Refer (QPR) Training; provide crisis teams after completion of suicide; funding for Hope for Tomorrow in partnership with NAMI Utah; involved in Utah Youth Suicide Study (Phase I).

*P.O. Box 144200*

*Salt Lake City, UT 84114*

<http://www.usoe.k12.ut.us/>

**Third District Juvenile Court**

Provide screening and referrals; involved in Utah Youth Suicide Study (Phases I, V, VI).

*450 South State Street*

*Salt Lake City, UT 84102*

*Phone: (801) 238-7700*

<http://www.juvenile.utah.gov/>

<http://www.utcourts.gov/courts/juv/>

**University of Utah, Department of Pediatrics**

Lead agency for Utah Youth Suicide Study (Phases I, II, III, V, VI); Suicide Prevention Resource Center (SPRC) state team representative; suicide among American Indians report; suicide note study; involved in Substance Abuse and Mental Health Services Administration (SAMSHA) project in collaboration with Center for Safe and Healthy Families at Primary Children's Medical Center; National Violent Injury Surveillance System (NVISS).

*Intermountain Injury Control Research Center*

*615 Arapleen Drive, Ste 202*

*Salt Lake City, UT 84108*

*Phone: (801) 581-6410*

[www.intermountaininjury.org](http://www.intermountaininjury.org)

**University of Utah Department of Psychiatry**

Involved in Utah Youth Suicide Study (Phases I, II, III, IV, V, VI); Suicide Prevention Resource Center (SPRC) state team representative.

*Child and Adolescent Specialty Clinic*

*421 Wakara Way Ste 143*

*Salt Lake City, UT 84108*

*Phone: (801) 585-1212*

<http://www.utah.edu/>

**Utah Department of Human Services**

Various programs assist vulnerable populations and provide indirect suicide prevention: Division of Child and Family Services, Child Protective Services, Division of Services for People with Disabilities, Division of Aging and Adult Services, The Office of Recovery Services, Division of Youth Corrections; provide state team representation on the Child Fatality Review Committee (CFRC); Suicide Prevention Resource Center (SPRC) state team representative; provide case management for those with mental illness and other disabilities; involved in Utah Youth Suicide Study (Phases I, VI); provide suicide education for department employees.

*Executive Director's Office*

*120 North 200 West, Room 319*

*Salt Lake City, UT 84103*

*Phone: (801) 538-4001*

<http://www.dhs.state.ut.us>

**Utah Youth Village**

Families First Program provides in-home treatment for juvenile delinquents; involved in Utah Youth Suicide Study (Phase VI).

*5800 S. Highland Drive*

*Salt Lake City, UT 84121*

*Phone: (801) 272-9980*

<http://www.youthvillage.org/>

**Valley Mental Health**

Provide substance abuse counseling; provide mental health counseling in community; involved in Utah Youth Suicide Study (Phases I, II, III, VI).

*5965 South 900 East*

*Salt Lake City, UT 84121*

*Administration: (801) 263-7100*

*Personnel: (801) 263-7190*

*24 Hour Crisis Hotline: (801) 261-1442*

**Violence and Injury Prevention Program**

Coordinate the Suicide Task Force (co-chaired by Violence and Injury Prevention Program and the University of Utah); involved in Utah Youth Suicide Study (Phases I, II, III, IV, VI) the Utah Youth Suicide Study involves 6 phases from epidemiology to treatment and is partnered with Brigham Young University and the University of Utah; coordinates the Child Fatality Review Committee (CFRC) a multi-disciplinary team that reviews all child deaths; coordinates the Domestic Violence Fatality Review Committee (DVFRC) a multi-disciplinary team that reviews all domestic violence homicides; provide public health nurses and in-home visits to families; pilot site for National Child Death Review Center Web-based surveillance system; Suicide Prevention Resource Center (SPRC) state team representative; provide public education and awareness.

*Utah Department of Health*

*P.O. Box 142106*

*Salt Lake City, UT 84116-2106*

*Phone: (801) 538-6864*

<http://www.health.utah.gov/vipp/>

# Child Maltreatment



## Background Information and Current Data

### What is Child Maltreatment?

The following information provided by the Centers for Disease Control and Prevention (CDC) is a helpful introduction to the difficult injury topic of child maltreatment. References associated with this information are listed at the end of this section.<sup>1</sup>

“Child maltreatment (child abuse and neglect) is, at a minimum, any recent act or failure to act on the part of a parent or caregiver that results in death, serious physical or emotional harm, or sexual abuse or exploitation; or an act or failure to act that presents an imminent risk of serious harm.”<sup>1</sup>

The Child Abuse Prevention and Treatment Act identifies four major types of maltreatment: physical abuse, child neglect, sexual abuse, and emotional abuse.<sup>7</sup> While state definitions may vary, operational definitions include the following:

- Physical abuse is infliction of physical injury as the result of punching, beating, kicking, biting,

burning, shaking, or otherwise harming a child.

- Child neglect is failure to provide for a child’s basic needs. Neglect can be physical, educational, or emotional. It includes the withholding of medically indicated treatment.
- Sexual abuse is fondling a child’s genitals, intercourse, incest, rape, sodomy, exhibitionism, and commercial exploitation through prostitution or the production of pornographic materials.
- Emotional abuse (psychological/verbal abuse, mental injury) is acts or failures to act on the part of parents or other caregivers that have caused or could cause serious behavioral cognitive, emotional, or mental disorders.

### Occurrence of Child Maltreatment

- In 2000, an estimated 879,000 children in the U.S. experienced or were at risk for child abuse and/or neglect. An estimated 1,200 children died from such maltreatment.<sup>5</sup>
- In 2000, 63% of child maltreatment victims suffered neglect (including medical neglect); 19% were physically abused; 10% were sexually abused; and 8% were emotionally or psychologically maltreated.<sup>5</sup>

Child maltreatment through blunt trauma to the head or violent shaking is a leading cause of head injury among infants and young children.<sup>8</sup>

### Consequences of Child Maltreatment

- Both males and females who have experienced child maltreatment are at increased risk for experiencing

intimate partner violence as adults. For males, this risk triples; for females, it more than doubles.<sup>10</sup>

- Shaken-baby syndrome, a leading cause of brain injury to infants, has been documented in children up to five years old.<sup>8</sup> An estimated 20% to 25% of infant victims with shaken-baby syndrome die from their injuries. Nonfatal consequences of shaken-baby syndrome include blindness, cerebral palsy, and cognitive impairment.<sup>11</sup>
- Children who have experienced abuse and neglect are at increased risk for experiencing adverse health effects and behaviors as adults, including smoking, alcoholism, drug abuse, physical inactivity, severe obesity, depression, suicide, sexual promiscuity, and certain chronic diseases.<sup>9</sup>

### **Groups at Risk for Maltreatment**

- Infants are at greatest risk for dying from homicide during the first week of infancy, with the risk being highest on the first day of life.<sup>6</sup> Children younger than one year account for 44% of child maltreatment fatalities.<sup>5</sup>
- Male and female victims have similar rates for all types of maltreatment, except for child sexual abuse. Child sexual abuse is four times higher among females than males.<sup>5</sup>
- In 2000, 60% of child maltreatment perpetrators were women.<sup>5</sup>

### **How is Child Maltreatment Identified?**

The following text describes some of the difficult challenges associated with defining types of maltreatment.

#### **Physical Abuse**

Generally, physical abuse is characterized by physical injury, such as bruises and fractures that result from:

- Punching
- Beating
- Kicking
- Biting
- Shaking
- Throwing
- Stabbing
- Choking
- Hitting with a hand, stick, strap, or other object
- Burning

Although an injury resulting from physical abuse is not accidental, the parent or caregiver may not have intended to hurt the child. The injury may have resulted from severe discipline, including injurious spanking, or physical punishment that is inappropriate to the child's age or condition.

#### **Sexual Abuse**

Child sexual abuse generally refers to sexual acts, sexually motivated behaviors involving children, or sexual exploitation of children. Child sexual abuse includes a wide range of behaviors, such as:

- Oral, anal, or genital penile penetration;
- Anal or genital digital or other penetration;
- Genital contact with no intrusion;

- Fondling of a child's breasts or buttocks;
- Indecent exposure;
- Inadequate or inappropriate supervision of a child's voluntary sexual activities;
- Use of a child in prostitution, pornography, Internet crimes, or other sexually exploitative activities.

Sexual abuse includes both touching offenses (fondling or sexual intercourse) and nontouching offenses (exposing a child to pornographic materials) and can involve varying degrees of violence and emotional trauma.

### **Child Neglect**

Child neglect, the most common form of child maltreatment, is generally characterized by omissions in care resulting in significant harm or risk of significant harm. Neglect is frequently defined in terms of a failure to provide for the child's basic needs—deprivation of adequate food, clothing, shelter, supervision, or medical care. Child neglect includes the following sub-categories of behavior:

#### **Physical Neglect**

- Refusal to provide health care
- Delay in health care treatment
- Abandonment
- Expulsion or refusal of custody
- Inadequate supervision for extended periods
- Physical neglect of basic needs

#### **Educational Neglect**

- Permitted chronic truancy
- Failure to enroll in school
- Inattention to special educational needs

### **Emotional Neglect**

- Inadequate nurturing or affection
- Chronic or extreme domestic abuse
- Permitted drug or alcohol abuse
- Refusal of needed psychological care

### **Psychological Maltreatment**

Psychological maltreatment—also known as emotional abuse—refers to "a repeated pattern of caregiver behavior or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs."<sup>1</sup>

Five categories of psychological maltreatment are:

- Spurning (e.g., belittling, hostile rejecting, ridiculing);
- Terrorizing (e.g., threatening violence against a child);
- Isolating (e.g., confining the child, restricting the child from social interactions);
- Exploiting or corrupting (e.g., modeling antisocial behavior such as criminal activities);
- Denying emotional responsiveness (e.g., ignoring the child's attempts to interact)

To warrant intervention, psychological maltreatment must be sustained and repetitive. For less severe acts, such as habitual scapegoating or belittling, demonstrable harm to the child is often required for Child Protective Services (CPS) to intervene.

The Healthy People 2010 goals and organizations involved in the

surveillance, prevention, or treatment of child maltreatment utilize differing

trends or even compare outcomes among particular interventions (see Table 1).<sup>2</sup>

definitions of child maltreatment. Therefore, it can be difficult to track

## Healthy People 2010

**Table 1.**

<b>Healthy People 2010 Objective</b>	<b>Baseline Year</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2010 Goal</b>
Maltreatment of Children for U.S.†	12.6	11.8	12.2	12.4	12.3	10.3
Maltreatment of Children for Utah	NA	NA	NA	NA	14.4*	10.6
Child Maltreatment Fatalities for U.S.	1.6	1.7	1.7	1.8	1.98	1.4
Child Maltreatment Fatalities for Utah	NA	NA	NA	NA	1.68*	NA

NA – Not Available

\* These are substantiated cases that have been investigated and use a different source (and possible different definitions) than Healthy People 2010.<sup>3</sup>

† Reported rates per 100,000 under 18 years of age



## Information Regarding Child Maltreatment in Utah and the Nation

### National and State Victim Characteristics

Statistics gathered by the National Child Abuse and Neglect Data System suggest that child protective service agencies received 2.6 million reports of possible maltreatment in 2002. Of these, 896,000

were substantiated and most involved neglect. The United States Department of Health and Human Services reported that the rate of child neglect and abuse in 2002 was about 20 percent lower than the rate in 1993, when maltreatment peaked at an estimated 15.3 out of every 1,000 children. The rate is now 12.3 out of every 1,000 children.<sup>3</sup>

Table 2 illustrates the distribution of maltreatment types nationally and for Utah for victims in 2002.<sup>3</sup>

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### Distribution of Victims by Maltreatment Type for 2002\*

Table 2.

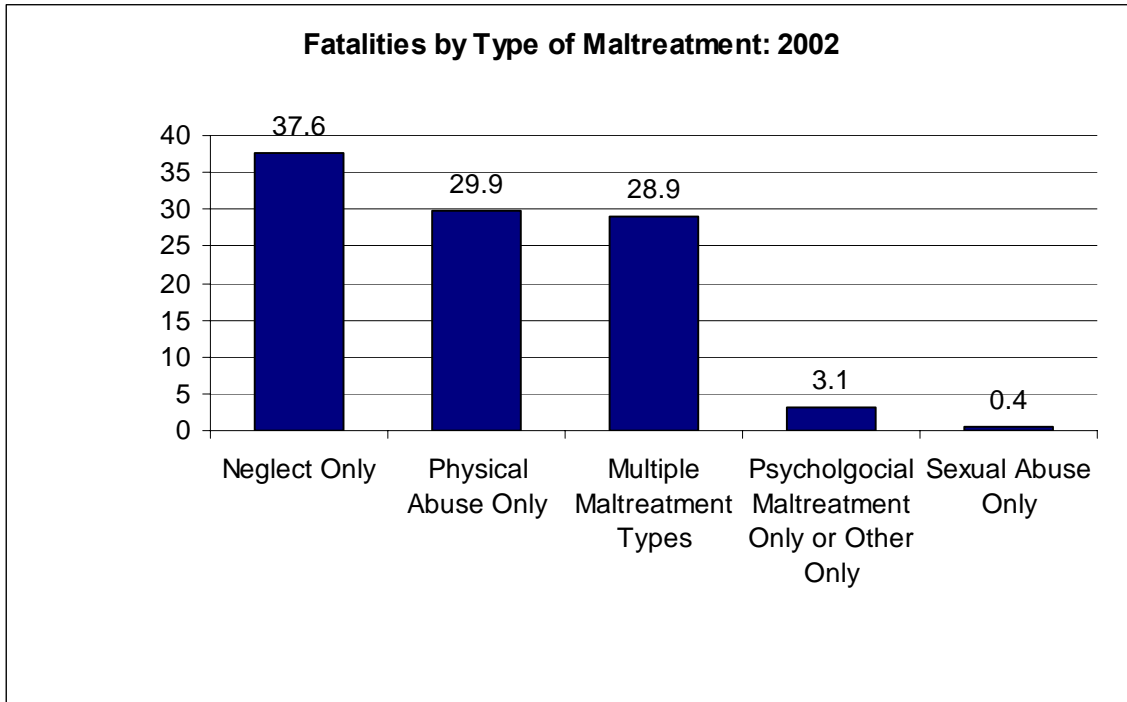
State	Victims	Physical Abuse		Neglect		Medical Neglect		Sexual Abuse		Psychological Maltreatment		Other		Unknown or Missing	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%
Utah	10,282	1,659	16.1	2,187	21.3	101	1.0	2,235	21.7	4,210	40.9	1,491	14.5	13	0.1
Total # or Average %	895,569	166,920	18.6	523,704	58.5	18,128	2.0	88,656	9.9	58,022	6.5	169,465	18.9	1,382	0.2
Number Reporting	51	51		51		40		51		49		31		8	

\*A child may have been the victim of more than one type of maltreatment; therefore, the total percent may equal more than 100.

Figure 1 illustrates the type of abuse linked to the child maltreatment deaths reported nationally. Neglect was most often associated with child death.

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**Figure 1.**



## Characteristics of Child Maltreatment Perpetrators

Figure 2 identifies the perpetrators by age and sex nationally. Of note are

increases in the percentage of female perpetrators during their young adult years and increases among men later in life.<sup>3</sup>

**Figure 2.**

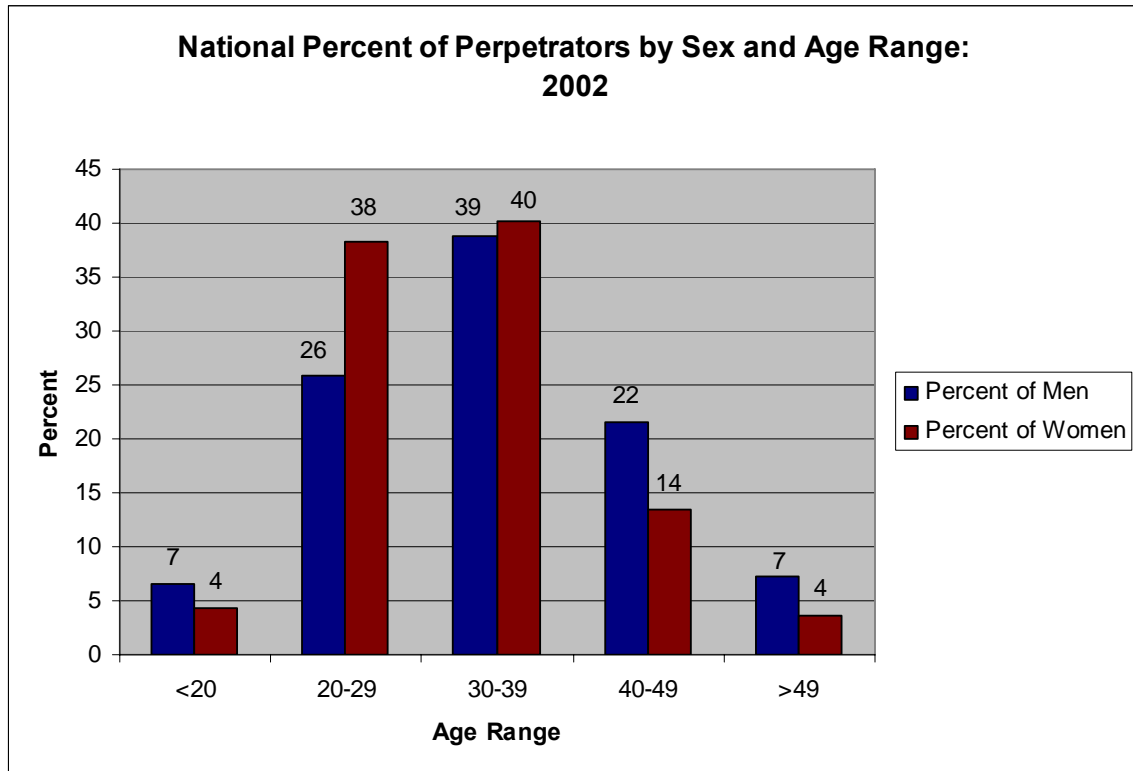


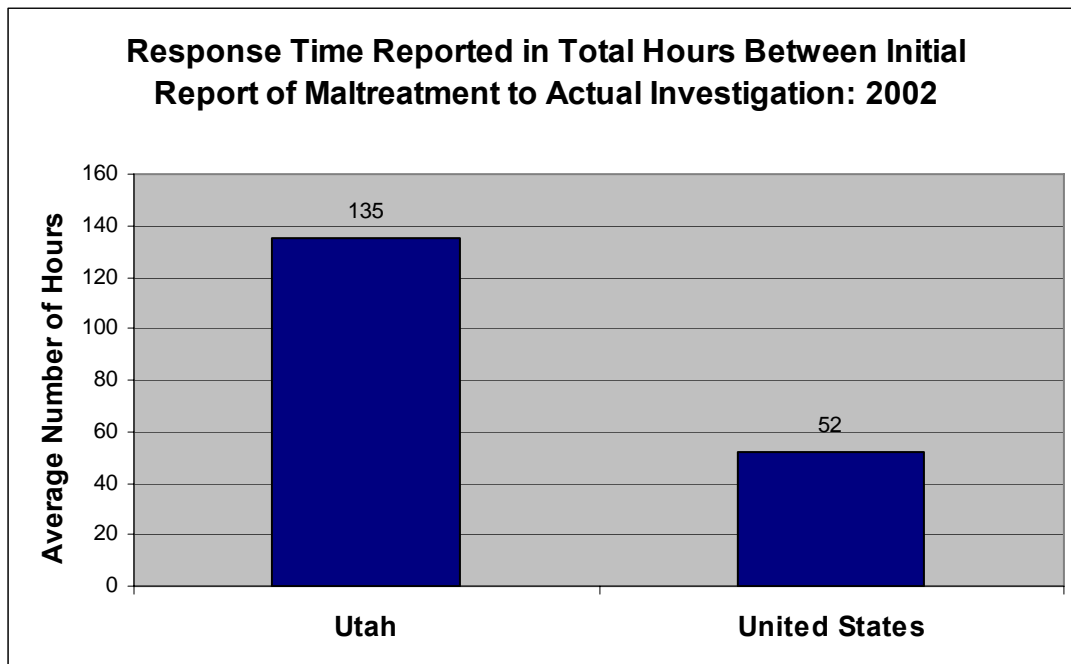
Figure 3 illustrates the average total number of hours between the initial report of the maltreatment incident and the actual investigation.<sup>3</sup> Utah takes over twice the time to investigate an incident compared to the nation as a whole.

When comparing Utah to the nation, victims and non-child victims (siblings or other children in the household)

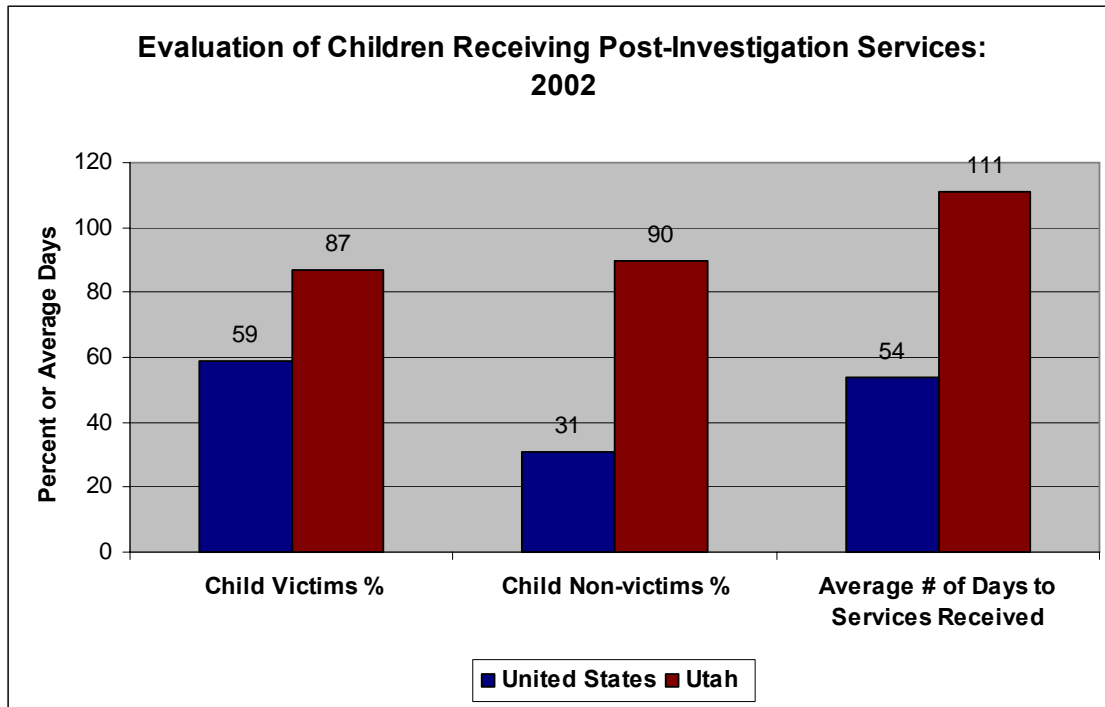
receive a higher percentage of post-investigation services but also take twice the average number of days to receive such services (see Figure 4).

Table 3 illustrates the relative percentage of services provided by the Utah Division of Child and Family Services (DCFS) for those children reported to be abused.<sup>3</sup>

**Figure 3.**



**Figure 4.**



**Table 3.**

Services Provided by DCFS	
Services Provided	Percentage
Casework Counseling	65%
CPS (Child Protection Services) Referral Made	14%
Children's Treatment	9%
Community Resources	39%
Criminal Action Taken	12%
Day Care Services	3%
Health Systems, including Mental Health	12%
Housing Authority	15%
Medical Referral Made	5%
Perpetrator Treatment	26%
Protective Order	23%
Self Sufficiency Referral	12%
Shelter/Safehouse	37%
Treatment Tracking	20%

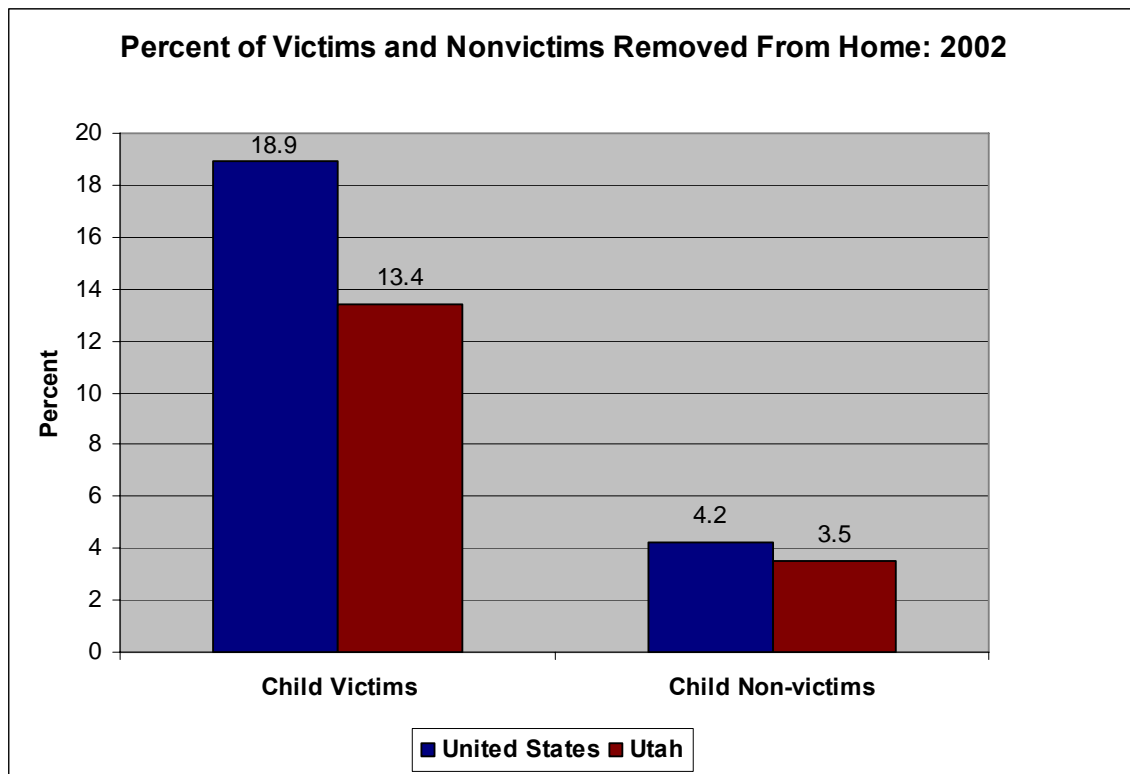
Figure 5 illustrates the relative percent of children removed from the home during 2002 for both victims and child non-victims (such as siblings and other children in the household).<sup>3</sup>

Overall, Utah demonstrates a lower percentage of victims involved in any

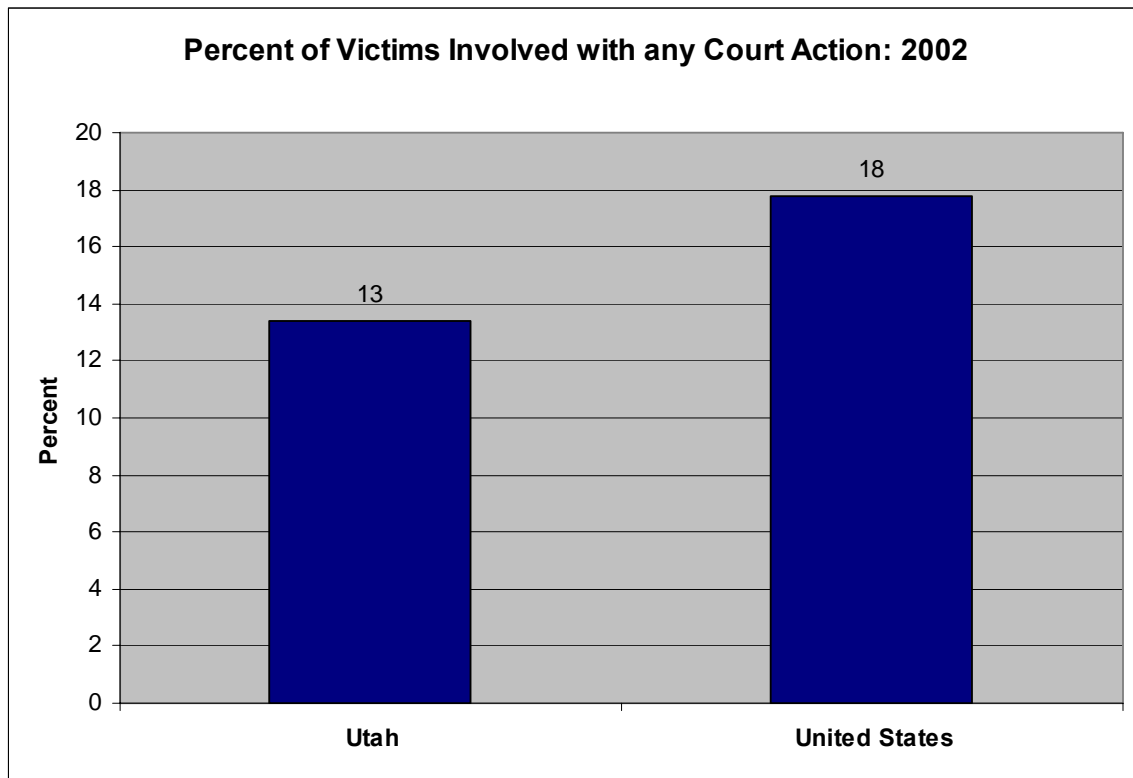
court action compared to the nation during 2002 (see Figure 6).<sup>3</sup>

Utah demonstrates a higher proportion of victims receiving family reunification and preservation services compared to the nation as a whole (see Figure 7).<sup>3</sup>

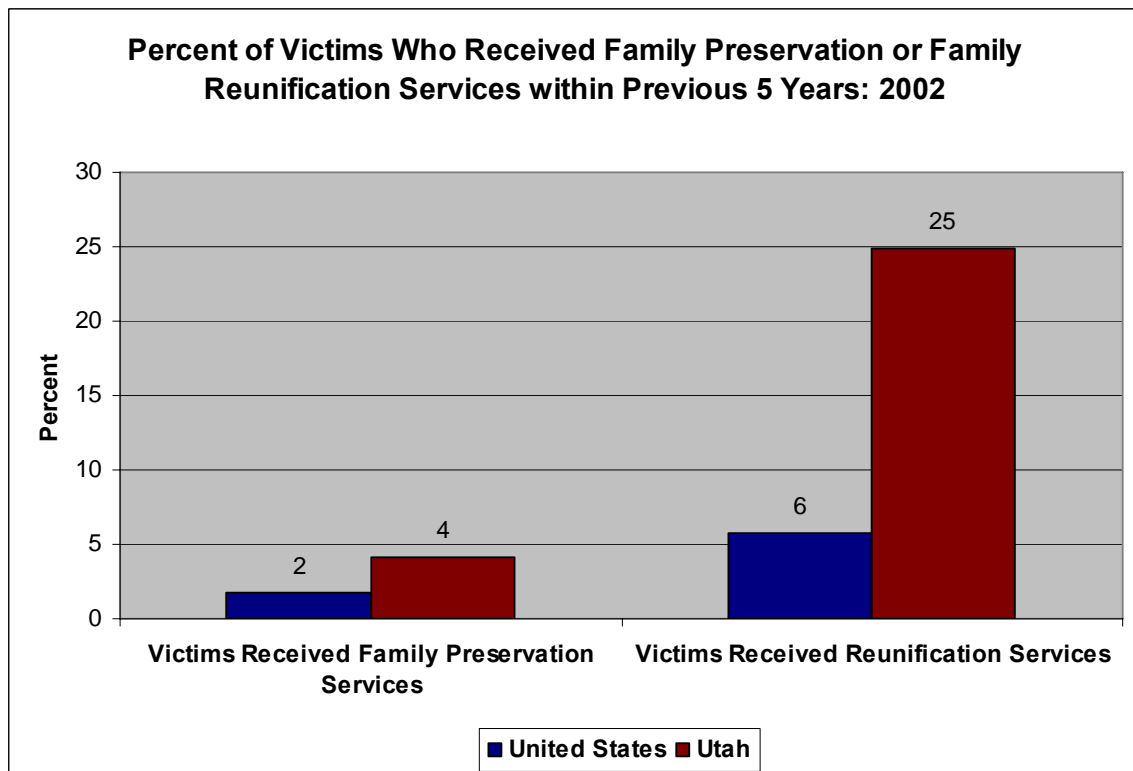
**Figure 5.**



**Figure 6.**



**Figure 7.**



## Relationship Between Adverse Childhood Events and Adult Health-Related Behaviors

Emerging evidence supports the notion that adverse experiences as a child may have long term health consequences as an adult.

Table 4 reports odds ratios relating adult behaviors with the number of reported adverse childhood experiences (ACEs).<sup>4</sup> An odds ratio compares the probability that an adult behavior or characteristic is present given the number of reported ACEs in childhood. For example, adults reporting 4+ ACEs are 12.2 times more likely to attempt suicide than someone reporting no ACEs.

**Table 4.**

Risky Behavior	Number of Reported ACE's				
	0	1	2	3	4+
Current Smoker		1.1	1.5	2.0	2.2
Severe Obesity		1.1	1.4	1.4	1.6
No Leisure-Time Physical Activity		1.2	1.2	1.4	1.3
2 or more Weeks of Depressed Mood in the Past Year		1.5	2.4	2.6	4.6
Ever Attempted Suicide		1.8	3.0	6.6	12.2
Considers Self an Alcoholic		2.0	4.0	4.9	7.4
Ever used Illicit Drugs		1.7	2.9	3.6	4.7
Ever Injected Drugs		1.3*	3.8	7.1	10.3
Had 50 or more Intercourse Partners		1.7	2.3	3.1	3.2
Ever had a Sexually Transmitted Disease		1.4	1.5	1.9	2.5

\* Not statistically different.



## References

1. *Child Maltreatment Fact Sheet*. Atlanta, Georgia: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2004.
2. WISQARS-Web-based Injury Statistics Query and Reporting System. *National Center for Injury Prevention and Control, CDC*. Available at: <http://www.cdc.gov/ncipc/wisqars/>, 2003.
3. *Child Maltreatment Report 2002*. Administration for Children and Families 370 L'Enfant Promenade, S.W. Washington, D.C. 20201: Children's Bureau, United States Department of Health and Human Services' Administration for Children and Families, Administration on Children, Youth and Families; 2004.
4. Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Journal of Preventive Medicine*. May 1998 1998;14(4):245-258.

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5. Administration on Children, Youth, and Families, U.S. Department of Health and Human Services. *Child Maltreatment 2000*. Washington (DC): U.S. Government Printing Office; 2002 <sup>1</sup>. Available from: URL: <http://www.acf.hhs.gov/programs/cb/publications/cm00/outcover.htm>
6. Centers for Disease Control and Prevention. *Variation in homicide risk during infancy—United States, 1989–1998*. *MMWR* 2002;51(9):187–9.
7. *Child Abuse Prevention and Treatment Act*, Pub. L. 93-247, title I, Sec. 111, formerly Sec. 14, as added Pub. L. 100-294, title I, Sec. 101, Apr.25, 1988, 102 Stat. 116; renumbered title I, Sec. 113, and amended Pub. L. 101-126, Sec.3 (a)(1),(2),(b)(7), Oct. 24, 1989, 103 Stat. 764, 765; renumbered Sec. 111 and amended Pub. L. 104-235, title I, Sec. 110, 113(a)(1)(B), (Oct.3, 1996) 110 Stat.3078, 3079. Available from: URL: <http://uscode.house.gov/usc.htm>
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# Child Maltreatment Prevention, Action, and Services

The following action items describe child maltreatment prevention, action, and services currently underway in Utah. Listed within parentheses are federal, state, and local agencies that are in some manner addressing the specific action item.

## Objectives:

1. Reduce maltreatment of children to 1,030 child victims per 100,000 children under age 18 years by 2010.
2. Reduce maltreatment fatalities of children to 1.4 per 100,000 children under age 18 years by 2010.

## Action Steps:

### 1. Education and training regarding child maltreatment

- a. *Educate to recognize and intervene when child maltreatment is suspected (from a targeted community, such as a school or the community at large)*  
(Center for Safe and Healthy Families at Primary Children's Medical Center; Division of Child and Family Services; Family Support Centers; National Center for Shaken Baby; Office of the Attorney General; Prevent Child Abuse Utah; State of Utah Office of Education; University of Utah Health Sciences Center; Utah Department of Human Services; Young Women's Christian Association)
- b. *Provide conferences to educate those servicing the community about child maltreatment*  
(National Center for Shaken Baby; Office of the Attorney General; Prevent Child Abuse Utah)
- c. *Provide training for the health agencies and/or professionals serving the community about child maltreatment (e.g., medical students, medical services personnel, etc.)*  
(Center for Safe and Healthy Families at Primary Children's Medical Center; Division of Child and Family Services; Guardian ad Litem; Law Enforcement Agencies; National Center for Shaken Baby; Prevent Child Abuse Utah; University of Utah Health Sciences Center; Utah Department of Human Services; The Utah Public Mental Health and Substance Abuse System and Services; Young Women's Christian Association)

### 2. Child maltreatment prevention and interventions

- a. *Serve as a resource for prevention information, referrals, and/or treatment for child maltreatment*  
(Center for Safe and Healthy Families at Primary Children's Medical Center; Division of Child and Family Services; National Center for Shaken Baby; Prevent Child Abuse Utah; University of Utah Health Sciences Center; Utah Department of Human Services; Violence and Injury Prevention Program; Young Women's

Christian Association)

- b. *Provide educational materials (print, Internet, video, audio) relating to child maltreatment*  
(National Center for Shaken Baby; Prevent Child Abuse Utah; State of Utah Office of Education; Utah Department of Human Services; Violence and Injury Prevention Program; Young Women's Christian Association)
- c. *Support programs that provide additional interventions (not directly related to child maltreatment prevention) that impact child maltreatment, such as substance abuse and alcohol treatment, mental health treatment, Safe and Drug Free Schools, education programs for children with developmental delays, funding for homes with limited financial resources, alternative schools, etc.*  
(Big Brothers Big Sisters; Family Support Centers; Guadalupe Schools; Law Enforcement Agencies; National Center for Shaken Baby; Prevent Child Abuse Utah; State of Utah Office of Education; University of Utah Health Sciences Center; Utah Children; Utah Department of Human Services; The Utah Public Mental Health and Substance Abuse System and Services; Violence and Injury Prevention Program; Young Women's Christian Association)
- d. *Support existing and develop future programs that assess and address potential at-risk populations with higher child maltreatment incidence or potential for child maltreatment*  
(Big Brothers Big Sisters; Division of Child and Family Services; Family Support Centers; Guadalupe Schools; National Center for Shaken Baby; Prevent Child Abuse Utah; State of Utah Office of Education; University of Utah Health Sciences Center; Utah Department of Human Services; The Utah Public Mental Health and Substance Abuse System and Services; Violence and Injury Prevention Program; Young Women's Christian Association)
- e. *Provide emergency shelter for domestic violence and child maltreatment cases*  
(Christmas Box House International; Division of Child and Family Services; Division of Youth Corrections; Family Support Centers; Young Women's Christian Association)
- f. *Provide case management for child maltreatment victims*  
(Division of Child and Family Services; Division of Youth Corrections; Young Women's Christian Association)
- g. *Provide specific programs for family support relating to child maltreatment*  
(Division of Child and Family Services; Prevent Child Abuse Utah; Utah Department of Human Services; Violence and Injury Prevention Program; Young Women's Christian Association)
- h. *Provide counseling for victims and/or family*  
(Center for Safe and Healthy Families at Primary Children's Medical Center; Division of Child and Family Services; Family Support Centers; University of Utah

Health Sciences Center; The Utah Public Mental Health and Substance Abuse System and Services; Young Women's Christian Association)

- i. *Provide medical treatment and/or management to child maltreatment victims*  
(Center for Safe and Healthy Families at Primary Children's Medical Center; Division of Child and Family Services; University of Utah Health Sciences Center)
- j. *Support a medical assessment team (for outpatient, inpatient, and case consultation)*  
(Center for Safe and Healthy Families at Primary Children's Medical Center)
- k. *Support Children's Justice Centers statewide*  
(Center for Safe and Healthy Families at Primary Children's Medical Center; Office of the Attorney General)

**3. Child maltreatment legislation, law, law enforcement, and government-related support**

- a. *Develop and support proactive policies regarding child maltreatment*  
(Law Enforcement Agencies; National Center for Shaken Baby; Utah Department of Human Services; Young Women's Christian Association)
- b. *Provide education about child maltreatment to the state legislature*  
(Guardian ad Litem; Utah Chapter American Academy of Pediatrics; Utah Children)
- c. *Initiate and/or support investigation of possible child maltreatment cases*  
(Center for Safe and Healthy Families at Primary Children's Medical Center; Division of Child and Family Services; Law Enforcement Agencies; Office of the Attorney General; Office of the Medical Examiner; Utah Department of Human Services)
- d. *Assist with court or court orders to protect victims and potential victims*  
(Division of Child and Family Services; Guardian ad Litem)
- e. *Aid in criminal prosecution*  
(Law Enforcement Agencies)

**4. Child maltreatment and social capital (i.e., organizations working collaboratively to accomplish goals of mutual social benefit)**

- a. *Collaborate and coordinate efforts and resources for child maltreatment prevention*  
(Division of Child and Family Services; Division of Youth Corrections; Family Support Centers; Guardian ad Litem; Law Enforcement Agencies; National Center for Shaken Baby; Prevent Child Abuse Utah; State of Utah Office of Education; University of Utah Health Sciences Center; Utah Department of Human Services; Violence and Injury Prevention Program; Young Women's Christian Association)

- b. *Create collations that improve community outreach and trust such as neighborhood and organizational coalitions that address child maltreatment*  
(Big Brothers Big Sisters; Division of Child and Family Services; Family Support Centers; Guadalupe Schools; Law Enforcement Agencies; National Center for Shaken Baby; Prevent Child Abuse Utah; State of Utah Office of Education; Utah Department of Human Services; Violence and Injury Prevention Program; Young Women's Christian Association)
- c. *Disseminate information to the public and those invested in child maltreatment interventions*  
(Center for Safe and Healthy Families at Primary Children's Medical Center; Division of Child and Family Services; Guardian ad Litem; National Center for Shaken Baby; Utah Department of Human Services; Violence and Injury Prevention Program; Young Women's Christian Association)

## **5. Child maltreatment surveillance**

- a. *Child Fatality Review Committee*  
(Center for Safe and Healthy Families at Primary Children's Medical Center; Office of the Medical Examiner; Utah Department of Human Services; Violence and Injury Prevention Program)

## **6. Child maltreatment research, grant management/outreach and reporting**

- a. *Support future research relating to child maltreatment*  
(Center for Safe and Healthy Families at Primary Children's Medical Center; University of Utah Health Sciences Center; Utah Chapter American Academy of Pediatrics)

# **Resource List**

### **Big Brothers Big Sisters**

Provide one-to-one mentoring. Big Brothers Big Sisters mentoring helps at-risk youth overcome the many challenges they face.

151 East 5600 South, Ste 200

Salt Lake City, UT 84107

Phone: (801) 313-0303

<http://www.bbbsa.org/site/pp.asp?c=iuJ3JgO2F&b=14581>

### **Center for Safe and Healthy Families at Primary Children's Medical Center**

Medical assessment team for outpatient and inpatient case consultation; Children Justice Center medical assessment; Endangered Child Program; provide training lectures and resources for recognition and intervention; provide treatment and/or therapy; Shaken Baby Prevention Project; Injury Free Coalition for Kids; Children's Trauma Treatment Network of Intermountain West; provide public education and awareness; child abuse prevention programs; Hold Onto Dear Life campaign; Collaborate with Substance Abuse and Mental Health Services Administration (SAMHSA) Project in seven intermountain states focusing on post traumatic stress disorder to provide therapy among abused children.

100 North Medical Drive

SLC, UT 84113

Phone: (801) 588-3650

<http://www.ihc.com/xp/ihc/primary>

**Christmas Box House International**

Christmas Box Houses (located in Salt Lake City, Vernal, Moab, Ogden), provide temporary shelter services for children.

*236 South 300 East*

*Salt Lake City, UT 84111*

*Phone: (801) 531-8681*

<http://www.thechristmasboxhouse.org/index.cfm>

**Division of Child and Family Services**

Child Protective Service investigations to provide treatment and/or intervention; domestic violence shelters; domestic violence-related child abuse investigations; CAN (Child, Abuse, Neglect) Counsel; provide transitional living assistance; kinship placements; Foster Care Program; Home Maker Program; Peer Parent Program; Youth Services Program; Public Health Nurse Home Visiting Program for families with children under 15 years; Early Intervention Program; Abstinence Education Program; Neonatal Follow-up Program.

*Department of Human Services*

*120 North 200 West, #225*

*Salt Lake City, UT 84103*

*Phone: (801) 538-4100*

<http://www.hsdcs.utah.gov/>

**Division of Youth Corrections**

Provide case management/parole, community alternatives, day/night reporting centers, detention, home detention, multi-use facilities, observation and assessment, receiving centers, secure facilities, and work camps.

*120 North 200 West*

*Salt Lake City, UT 84103*

*Phone: (801) 538-4330*

<http://www.hsdyc.utah.gov/>

**Family Support Centers**

Work to prevent child abuse and neglect in all its forms; work independently and with community collaborations; provide crisis nurseries, counseling, parenting classes, home visitations for high risk families; provide outreach to schools, daycare centers, churches, and civic organizations.

*2020 South Lake Street*

*Salt Lake City, UT 84105*

*Phone: (801) 487-7778*

<http://www.familysupportcenter.org/Coalition.html>

**Guadalupe Schools**

Early learning center; teaches economically disadvantaged children and non-English speaking adults the vision and skills needed to live productive, rewarding lives.

*340 South Goshen Street*

*Salt Lake City, UT 84104*

*Phone: (801) 531-6100*

<http://www.guadalupeschools.org/index.asp>

**Guardian ad Litem**

Court Appointed Special Advocate (CASA) Attorneys; legislative advocacy; represent the interest of a child whose case is before the court.

*450 South State Street*

*P.O. Box 140241*

*Salt Lake City, UT 84114*

*Phone: (801) 578-3848*

<http://www.utcourts.gov/courts/juv/>

**Law Enforcement Agencies**

Peace Officers Standards and Training (POST); officers educate grade school children; provide outreach programs; criminal prosecution; investigations.

<http://www.the911site.com/911pd/utah.shtml>

**National Center for Shaken Baby**

Provide education materials and resources; toll-free information line; community education; conduct national annual conference; offer training and programs for fathers, schools, child care providers.

2955 Harrison Blvd, #102

Ogden, UT 84403

Phone: (801) 627-3399

Phone: (888) 273-0071

<http://www.dontshake.com/>

**Office of the Attorney General**

Investigative and prosecutorial advisor to County Attorneys; administrator for the Children's Justice Center Program; provide legal counsel for the Division of Child and Family Services.

Utah State Capitol Office

236 State Capitol

Salt Lake City, UT 84114

Phone: (801) 366-0300 or (801) 538-9600

<http://attorneygeneral.utah.gov>

**Office of the Medical Examiner**

Child Fatality Review Committee (CFRC)

48 Medical Drive

Salt Lake City, UT 84113

Phone: (801) 584-8410

<http://health.utah.gov/ome/index.html>

**Prevent Child Abuse Utah**

Provide school-based child abuse prevention programs for children and school personnel; Stop Violence Start Safety Program; parenting classes; organize and conduct annual child abuse prevention conference.

2955 Harrison Blvd. Ste 104

Ogden, UT 84403

Phone: (801) 393-3366

1-800-CHILDREN

<http://www.preventchildabuse.info/>

**State of Utah Office of Education**

Caring Community Program; Safe and Drug Free Schools Prevention Program; Youth in Custody Program.

250 East 500 South

P. O. Box 144200

Salt Lake City, UT 84114

<http://www.usoe.k12.ut.us/>

**University of Utah Health Sciences Center**

Training for medical students and residents; Teen Mother and Child Program; child abuse prevention and intervention.

50 North Medical Drive

Salt Lake City, UT 84132

Phone: (801) 581-2121

<http://www.ped.med.utah.edu/tmcp/about1.htm>

<http://www.utah.edu/>

**Utah Chapter, American Academy of Pediatrics**

Legislative advocacy; pediatric research.

*Intermountain Pediatric Society*

*3029 Holderhill Lane*

*Salt Lake City, UT 84118*

<http://www.ips-uaap.org/>

**Utah Children**

Provide legislative advocacy; data and resources.

*757 East South Temple Ste 250*

*Salt Lake City, UT 84103*

*Phone: (801) 364-1182*

<http://www.utahchildren.net/home.html??1068836993979>

**Utah Department of Human Services**

Instruct and educate case workers to recognize child abuse and neglect including: Department of Child and Family Services, Department of Youth Corrections, Department of Services for People with Disabilities, Department of Substance Abuse and Mental Health, Department of Aging Adult Services; provide referrals and/or assistance to prevent further abuse; Office of Licensing sets and monitors standards in all child-serving programs to help prevent abuse; collaborate and partner with other agencies including: Utah Department of Health, schools, courts, Primary Children's Medical Center, Family Support Centers, PCA-Utah, PTA, NAMI Utah, Christmas Box Houses.

*Executive Director's Office*

*120 North 200 West, Room 319*

*Salt Lake City, UT 84103*

*Phone: (801) 538-4001*

<http://www.dhs.state.ut.us>

**The Utah Public Mental Health and Substance Abuse System and Services**

Provide services statewide to treat families or individuals who are mentally ill or substance abusers.

<http://www.ubhn.org/System%20&%20Services.htm>

**Violence and Injury Prevention Program**

Coordinates the Child Fatality Review Committee (CFRC) a multi-disciplinary team that reviews all child deaths; coordinates the Domestic Violence Fatality Review Committee (DVFRC) a multi-disciplinary team that reviews all domestic violence homicides.

*Utah Department of Health*

*P.O. Box 142106*

*Salt Lake City, UT 84114-2106*

*Phone: (801) 538-6864*

<http://www.health.utah.gov/vipp/>

**Young Women's Christian Association**

Provide battered women's shelter; residential self-sufficiency; teen home; children's services; prevention services.

*322 East 300 South*

*Salt Lake City, UT 84111*

*Phone: (801) 537-8600*

<http://www.ywca.com/>



# Appendix A. Surveillance Systems

## State Surveillance Systems

### Utah Department of Health

Office of Health Care Statistics  
288 North 1460 West, 4th Floor  
P.O. Box 144004  
Salt Lake City, Utah 84114  
Phone (801) 538-7048  
Fax (801) 538-9916

The following data analysis query systems are available online at:

<http://health.utah.gov/hda/index.html>

### **Utah's Indicator-Based Information System for Public Health (IBIS-PH)**

Utah's online system provides a primary point of access to a variety of information available through the Utah Department of Health, including reports, health measures, and numeric public health data.

### **Descriptive statistics**

Query the Utah Hospital Discharge Database for results based on number of discharges, average length of stay, average total charge, median length of stay, median total charge, summation of length of stay, and summation of total charges.

### **Hospitalization rate**

Query the Utah Hospital Discharge Database for results based on crude and age/sex-adjusted rates by county for selected conditions.

### **External injury**

Query the Utah Hospital Discharge Database for results based on 18 types of injuries coded by ICD-9 E-code, number of discharges, average charges, and summation of length of stay and total charges.

### **Utah Population Projection**

Query population counts, percentage of population and standard population distribution for Utah. This link goes to the IBIS (Indicator-Based Information System) Query entry page.

### **Public Data Sets (PDS)**

Public use data sets are designed to provide general health care information to a wide spectrum of users with minimal controls. Considerable efforts were taken to ensure that individual patients cannot be identified from the PDS. The patient's age, diagnosis codes, physician's specialty, and payers are grouped and several data elements are encrypted under specific conditions. These data are available in two different data sets on CD ROM. See the online order form at <http://health.utah.gov/hda/dataproducts.htm> or call 801-538-7048 for pricing.

### **Inpatient Hospital Discharge Data**

Data available for years: 2002, 2001, 2000, 1999, 1998, 1997, 1996, 1995, 1994, 1993, 1992.

### **Ambulatory Surgery Data**

Data available for years: 2002, 2001, 2000, 1999, 1998, 1997, 1996.

**Emergency Department Data**

Data available for years: 2002, 2001, 2000, 1999, 1998, 1997, 1996.

**Research-Oriented Data Set**

This restricted data set includes all of the variables collected in the hospital discharge abstract and is available to researchers who have obtained Institutional Review Board and HDC approval for bona fide health care cost, quality, and access research. Available for \$3,150 on CD ROM. Call 801-538-7048.

**Vital Records Data**

The Office of Vital Records and Statistics provides data on vital events (Births and Deaths, Abortions, and Marriages and Divorces) for the resident population of Utah.

Data available for years: 2002, 2001, 2000, 1999, 1998, 1997

<http://health.utah.gov/vitalrecords/Stats/data.htm>

**Intermountain Injury Control Research Center (IICRC)****University of Utah**

615 Arapen Drive, Suite 202

Salt Lake City, Utah 84108-1284

Phone: (801) 581-6410

<http://www.intermountaininjury.org/projects/projects.htm>

**Utah Trauma Registry**

The IICRC acts as a central data repository for trauma-related data in Utah. The IICRC provides aggregate data to the state and hospitals and analyzes the data for trauma-related research.

**Utah Crash Outcome Data Evaluation System (Utah CODES)**

The CODES project at the IICRC performs linkages of Utah motor vehicle crash files to ambulance, hospital data, and vital records, allowing for the assessment of medical and financial outcomes of motor vehicle crash injuries.

**National Violent Injury Statistics System (U-NVISS)**

The IICRC is one of several centers in the country collecting comprehensive information about firearm and other violent deaths that occur in Utah.

## National Surveillance Systems

Centers for Disease Control and Prevention (CDC)

National Center for Health Statistics (NCHS)

3311 Toledo Road

Hyattsville, MD 20782

Phone: 1-866-441-NCHS (6247)

<http://www.cdc.gov/node.do/id/0900f3ec8000ec28>

CDC receives data from several federal and state systems that routinely capture information about injuries and deaths or from surveys conducted to obtain information about particular injuries or conditions. Data sources include:

**Behavioral Risk Factor Surveillance System (BRFSS)**

The BRFSS is a telephone survey that tracks health risks in the United States. Information from the survey is used to improve the health of the American people.

<http://www.cdc.gov/brfss/index.htm>

**Fatality Analysis Reporting System (FARS)**

FARS Web-Based Encyclopedia offers an intuitive and powerful approach for retrieving fatal motor vehicle crash information.

<http://www.fars.nhtsa.dot.gov/main.cfm>

#### **Healthy People 2010 Data**

DATA2010 is an interactive database system developed by CDC staff from the division of Health Promotion Statistics in the National Center for Health Statistics and contains the most recent monitoring data for tracking Healthy People 2010.

<http://wonder.cdc.gov/data2010/>

#### **National Crime Victimization Survey (NCVS)**

The NCVS is an ongoing survey of a nationally representative sample of residential addresses. The NCVS is the primary source of information on the characteristics of criminal victimization and on the number and types of crimes not reported to law enforcement authorities.

<http://www.ojp.usdoj.gov/bjs/>

#### **National Electronic Injury Surveillance System (NEISS)**

NEISS is a national probability sample of hospitals in the U.S. and its territories. Patient information is collected from each NEISS hospital for every emergency visit involving an injury.

<http://www.cpsc.gov/library/neiss.html>

#### **National Hospital Discharge Survey (NHDS)**

The NHDS is conducted annually and is a national probability survey designed to provide information on characteristics of inpatients discharged from non-federal acute care hospitals in the United States.

<http://www.cdc.gov/nchs/about/major/hdasd/nhds.htm>

#### **National Uniform Crime Reports (UCR)**

The UCR Program was conceived in 1929 by the International Association of Chiefs of Police to meet the need for reliable, uniform crime statistics for the nation.

<http://www.fbi.gov/ucr/ucr.htm>

#### **National Vital Statistics System**

The National Vital Statistics System is responsible for the nation's official vital statistics. These vital statistics are provided through state-operated registration systems. The registration of vital events-births, deaths, marriages, divorces, and fetal deaths are a state function.

<http://www.cdc.gov/nchs/nvss.htm>

#### **Youth Risk Behavior Surveillance System (YRBSS)**

The YRBSS was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and young adults in the United States.

<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

#### **CDC WONDER**

Wide-ranging Online Data for Epidemiologic Research (WONDER). Query numeric data sets on CDC's mainframe and other computers via "fill-in-the blank" Web pages. Public-use data sets about mortality, cancer incidence, HIV and AIDS, behavioral risk factors, diabetes, natality, census data and many other topics are available for query.

<http://wonder.cdc.gov/>

#### **WISQARS**

Web-based Injury Statistics Query and Reporting System (WISQARS) is an interactive database system that provides customized reports of injury-related data.

<http://www.cdc.gov/ncipc/wisqars>